CHRISTIAN SERVICE UNIVERSITY COLLEGE

ASSESSING STAKEHOLDER PERCEPTION ON THE EFFECTS OF THE NATIONAL HEALTH INSURANCE SCHEME (NHIS) ON SUSTAINABLE HEALTH SERVICE DELIVERY: THE CASE OF SUNTRESO GOVERNMENT HOSPITAL (SGH), KUMASI (2012-2017)

BY

JIMMY BOACHIE-ANSAH

DISSERTATION SUBMITTED TO THE DEPARTMENT OF PLANNING AND DEVELOPMENT OF THE SCHOOL OF BUSINESS, COLLEGE OF HUMANITIES, CHRISTIAN SERVICE UNIVERSITY COLLEGE IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF

MASTER OF SCIENCE DEGREE IN MONITORING AND EVALUATION

2019

DECLARATION

Candidate's Declaration

I hereby declare that this dissertation is the result of my own original research and that no part of it has been presented for another degree in this university or elsewhere.

Jimmy Boachie-Ansah …….. ……

Candidate **Signature** **Date**

Supervisor's Declaration

I hereby declare that the preparation and presentation of the dissertation were supervised in accordance with the guidelines on supervision of dissertation laid down by the Christian Service University College.

Mrs. Abena Korang Acheampong Abaitey …….. ……

Supervisor **Signature** **Date**

Dr. K. O. Agyeman …….. ……

Head of Department Planning **Signature** **Date**

ABSTRACT

The core mandate of government was to use the NHIS to provide equitable access to basic healthcare services without using Out-of-Pocket (OOP) payment. The national health insurance scheme, which is at work, now was enacted by the National Health Insurance Act of 2003 under the then incumbent government headed by His Excellency John Agyekum Kuffuor. The insurance Act is to allow Ghanaians to access healthcare services without paying physical cash. The driving goal of the Act was to achieve universal healthcare coverage in five years' time. The primary purpose of the study is to ascertain the overall perceptions of staff and patients on the effects of the implementation of NHIS at Suntreso Government Hospital in Kumasi. The population of the study comprised of subscribers, NHIS officials and private hospitals in the Kumasi metropolis. Overall, 250 questionnaires were distributed to the three group of respondents using structured questionnaires. However, 239 usable ones were received recording 95.6% response rate. The data were analysed using SPSS Version 23. Generally, the study found that, the NHIS was effective. All the respondents were aware of NHIS through the following medium; radio and television, family and friends, seminars and meetings and others through the Internet and newspaper. The study found that most respondents were willing to participate in the NHIS and support its implementation and sustainability. However, the study revealed that respondents were less satisfied with the availability of health personnel, quality of basic amenities and the attitude of health personnel. The study uncovered that, long distance, high cost of transportation poor attitude of officials and long queue were challenges during registering with the scheme. The study concludes that NHIS based on these findings have achieved some of it objectives. The study recommends improvement in the scheme in order to enhance health care delivery in Ghana.

ACKNOWLEDGEMENT

I wish to express my heartfelt gratitude to the Almighty God for his guidance and protection for my life and for having made this work a success. I am also indebted to my Supervisor, Mrs. Abena Korang Acheampong Abaitey whose guidance, critical reviews and constructive suggestions culminatedin this work. I also wish to thank my spouse and sister, Mrs. Edna Boachie-Ansah and Mrs. Pauline Coleman respectively whose encouragement spurred me on to the completion of this course. I will also make mention of Dr. K. O. Agyeman and many others who contributed in no small way to making this Dissertation a success. My appreciation should also be made to the management, staff and patients of the Suntreso Government Hospital for their invaluable assistance in the course of data collection for this work.

DEDICATION

I dedicate this work to God Almighty and also to my beautiful wife and sister, Mrs. Edna Boachie-Ansah and Mrs. Pauline Coleman respectively for their love and moral support.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER ONE

INTRODUCTION OF THE STUDY

1.0 Introduction and Background to the Study

The study intends to ascertain the overall perception of staff and patients on the effects of the implementation of NHIS at Suntreso Government Hospital in Kumasi. The NHIS is a social health insurance scheme that allows all individuals to have access to quality healthcare service. This strategy had been adopted in various parts of Africa with different approaches and principles. The insurance scheme is meant to promote the quality of healthcare services at the various hospitals and this would be very effective when the scheme becomes effective in its operation and usage (Goldman et al. 2007; Miller et al. 2009; Barros 2009).

Health is important to every human life (Dixon, Tenkorang & Luginaah, 2011). Healthcare as denoted by name 'care' is the act of treating a disease, illness, injury or any other related sicknesses to ensure good health and a healthy living (Konadu–Agyemang, 2000). According Mensah et al. (2010), healthcare is the prevention of disease, promotion of health and detecting an infection to cure to maintain healthy life. Leaders across the globe have come to understand that, the growth of every country depends on the health of its human resource. Ghana in its quest to boost the health of its members implemented the National Health Insurance (NHI) law (Act 650) (Dalinjong & Laar, 2012). The NHI made it possible for the citizens of Ghana to access free healthcare (Dalinjong & Laar, 2012). Healthcare financing in Ghana have been a major concern for most citizens in the country (Arhin–Tenkorang, 2001).

According to the World Health Organization (WHO) (2005), a well functioning healthcare requires a robust financing mechanism and they include well trained healthcare personnels,

favourable payment system for workers, reliable information on which to base decisions and policies as well as providing adequate facilities with well equipment and logistics to deliver quality medicines and technologies. In order for the Ghanaian healthcare institutions to be very effective in terms of finances, there was the need for policy makers to implement policies that can help promote the healthcare services hence the introduction of the National Health Insurance Scheme (NHIS) (Currie & Madrian, 2005).

The core mandate of government was to use the NHIS to provide equitable access to basic healthcare services without using Out-of-Pocket (OOP) payment (Government of Ghana, 2003). The national health insurance scheme, which is at work, now was enacted by the National Health Insurance Act of 2003 under the then incumbent government headed by His Excellency John Agyekum Kuffour. The insurance Act is to allow Ghanaians to access healthcare services without paying physical cash (Ghana Ministry of Health, 2004, qtd. Mensah et al., 2010, p.99). The driving goal of the Act was to achieve universal healthcare coverage in five years (Health Systems, 20/20, 2009). The structure of the NHIS was developed to include local agencies and other international health development partners like the Department For International Development (DFID), World Health Organization (WHO) and the Danish International Development Agency (DANIDA) (Health Systems 20/20, 2009).

There are four main sources from which the NHIS is financed; through value added taxes from goods and services, a part of the social security is used for financing the NHIS, individual premiums and other returns on investments. The percentage of 2.5 is deducted from goods and services to make up the value added tax, which is referred to as the National Health Insurance

Levy (NHIL). The value added tax forms about 70% of the insurance fund with social security forming 23% and other funds constitute 5% and 2%. The Act made the insurance scheme mandatory unless the person has other source of health insurance, which is managed by private means (Health Systems 20/20, 2009). The reality is that, 70% of the people who hold the NHIS do not pay their premiums and among these groups are persons under 18 years, pregnant women and the aged who are above 70 years, SSNIT contributors, Indigents, Livelihood Empowerment Against Poverty (LEAP) beneficiaries and SSNIT pensioners. Just 30% of the population pays the insurance premium of GHC 18 and GHC 8 for renewal (Corporate Affairs Directorate, 2018).

Recently, the insurance scheme is widening its boundaries in terms of subscription to cover everybody in Ghana, which was the initial aim of the scheme. The sustainability of the NHIS has become a debated topic in the media, among policy analysts, politicians and technocrats. The debate and disagreements are based on the administrative defies of the country, complains from service providers, coverage among members, consumer dissatisfaction, one time premium, the abolition of the capitation grant, the conversion of scheme to capitation and the issue of the onetime premium (Mensah, Oppong & Schmidt, 2010). The aim of the study is to assess the perception of staffs and patients on the effect of the NHIS on sustainable health delivery at the Suntreso Government Hospital, Kumasi.

1.2 Statement of the Problem

National Health Insurance Scheme is one of the major approaches used by the government to promote quality healthcare services in Africa (Wagstaff, 2009). NHIS is a social health insurance scheme that allows all individuals to have access to quality healthcare services (Wagstaff, 2009). However, there had been only some few African countries like Ghana that have been able to systematically evaluate the scheme. Hypothetically, access to more generous health insurance by households is influenced in several ways such that, health insurance scheme is meant to reduce healthcare expenditure specially to cater for poor patients. As a result of this reason, there is a need to assess the perception of stakeholders to ascertain whether or not individuals are benefiting from the NHIS.

Though there is evidence of large coverage levels (Witter and Garshong, 2009) there are still not enough evidence to reveal the impact of the NHIS on out-of pocket expenditures, health care demand, health status and labour productivity. Hence, the current the study is to ascertain the overall perceptions of staff and patients on the effects of the implementation of NHIS at Suntreso Government Hospital in Kumasi. The study will further look at why the NHIS policy is not fully tapped. The researcher will take a look at the achievement of the NHIS towards the Millennium Development Goal by 2015, which was accepted during the Millennium Summit at the UN meeting in 2000. As part of the Sustainable Development Goal SDG, countries are to focus on reducing child mortality, improving maternal health, combating HIV/AIDS, malaria and among others (2015-Ghana-Millennium-Development-Goals-Report).

1.3 Research Questions

1. How far has the aim of the NHIS been attained through SGH?
2. What benefits do the staff and patients of SGH derive from the NHIS?
3. What challenges do the health insured face when patronizing health care at SGH?
4. What challenges does SGH confront operating under the NHIS within its pursuit to render health care services to patients and the possible solutions to the challenges?

1.4 Objective of the study

The primary purpose of the study is to ascertain the overall perceptions of staff and patients on the effects of the implementation of NHIS at Suntreso Government Hospital in Kumasi. But specifically, the objectives behind this study are;

1. To what extent has NHIS achieved its stated objective.
2. To describe the perceived benefits of the NHIS by the staff and patients of SGH.
3. To establish the challenges the health insured face when accessing health care at SGH under the NHIS.
4. To find out stakeholders suggestions for improving the NHIS

1.5 Importance of the study

This research has various corresponding relevance to the educational sector, to the government's policies, and all other stakeholder of the scheme in general. To the field of academia, this research will serve as a blueprint or a source of literature to students who would wish to undertake further research into this topic or any study related to health insurance scheme. It will also help students who wish to learn more about health insurance related issues, and have an

improved literature and understanding on health insurance scheme. The findings of this study also seek to determine the favourability of certain government policies geared toward the operationally of the scheme. It would help the government to have fairer and more independent analysis of the National Health Insurance Scheme (NHIS). Based on the findings of the study other policies could be suggested to the Ministry of Health (M.O.H) to strengthen the National Health Insurance policy.

1.6 Scope of the Study

The main focus of the study is to find out the perspectives of staff and patients on the effects of the implementation of NHIS at the Suntreso Government Hospital in Kumasi. Eminence was given to the concept of the National Health Insurance Scheme, and its effects on health care delivery. Hence, the study shall be conducted on Suntreso Government Hospital in Kumasi, Ghana. The choice of this area is due to the availability of a whooping number of stakeholders of the scheme.

1.7 Limitation of the Study

The possible limitations of the study using the Suntreso Government Hospital will revolve around the following; Data collection is foreseen a problem because most of the patient respondents are illiterates and time constraints are likely to limit the scope of the work in terms of the busy schedules of the staff. That is, the researcher would have to explain questions to respondents in a local dialect before getting favourable answers, which will delay the process of data collection. Data collection will also be a challenge since people who are in pains cannot be asked to answer the research question and by so doing we resorted to some information from the

health officers in charge. This means the researcher has to wait for respondents who come in with casual illnesses to administer questions to them.

1.8 Definition of Terms

Below are the major and key terms that were used in the study objective;

- Perception: the thought that a patients have about something and in this case, the NHIS
- Staffs: these are health workers at the Suntreso Government Hospital in Kumasi
- Patients: people who are seeking medical attention at the hospital
- NHIS: this is the National Health Insurance Scheme

1.9 Structure of the Study

The study is grouped under five main chapters. Chapter one presents the general overview of the study comprising of the background of the study, problem statement, objectives, significance and others. Chapter two presents the literature review in line with the objectives of the study. Chapter three defines and explain the methods and approaches that are used to complete the study. Chapter four presents the data analysis and discussion and chapter five presents the summary of findings, conclusions and recommendations.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.0 Introduction

This chapter presents review of relevant information for the study. Specifically, the following issues have been adequately reviewed and discussed. Concept of health, Health insurance, implementation of health insurance schemes, challenges of the scheme.

2.1. Definitions and Meanings of Health

Defining health is very critical due to the huge variation of definition given to this area. Meaning of health comes in three main approaches 'medical model', the 'holistic model' and the 'wellness model' (Waddington & Enyimayew, 1990). In North America, the medical model had gained popularity throughout the 20th century (Weitzu and Fuert, 1979). From the view of the medical model, a body of a person is seen as a machine fixed when it is broken. The emphasis is on the treatment of physical diseases and thus does not include mental or social problems and, being concerned with resolving health problems, de-emphasizes prevention. Base on this assertion, health can be explained as the state of not experiencing health diseases. In other words, health can be defined as the ability for a person to perform all activities required by society, family and other responsibilities at course (Witter & Garshong, 2009). Health also denotes the ability to cope with physicality, psycho logic and social stress (Stokes et al. 1982). With respect to population health, medical model may express healthy population as a situation whereby members within groups are resistance to diseases and sickness (Koch & Alaba, 2010). This can also be applied to the society hence healthy society can defined as the process whereby the

various systems (economic, legal, governmental, etc.) within the society functions as they are expected.

To the holistic model, World Health Organization (WHO) (2005) defined health as a state whereby the physical body functions accordingly without any physical, mental and social deficiency but with a complete fitness and well-being. The WHO in 2005 also posited that health is one of the social right each individual has irrespective of sex, race, religion, political belief and economic or social conditions. Again, social goals can only be achieved when the individual have a good health.

The wellness model was then promoted by the initiatives of the WHO (WHO, 2005). In 1984, an initiative was taken by the WHO concerning the views of health as a state. The meeting arrived that, health according to the WHO's opinion should be seen as a process or force not just a state. This agenda was promoted in the 1986 Ottawa Charter for Health Promotion. Health thereby was defined as the ability for an individual to recognize his aspirations and satisfy a particular need hence being able to corporate with the environment (Hutchful, 2002). Health is something that every individual must possess since is resource for everyday life. Related definitions include some that view health in terms of resiliency (e.g., "the capability of individuals, families, groups and communities to cope successfully in the face of significant adversity or risk" (Kirigia, Nganda, Mwikisa, & Cardoso, 2011), by applying this to population health, definition can be held that population is the positive change in social, economic and the ability for humans and other living creatures to interrupt with each other indefinitely (Last JM, Dictionary of epidemiology IEA, 1995).

2.2. Healthcare

Healthcare as denoted by name ‘care’ is the act of treating a disease, illness, injury or any other related sicknesses to ensure good health and a healthy living (Konadu–Agyemang, 2000). According Mensah et al. (2010), healthcare is the prevention of disease, promotion of health and detecting an infection to cure to maintain healthy life. Healthcare services are delivered by trained health practitioners, dentistry, midwifery-obstetrics, medicine, nursing, optometry, pharmacy and other healthcare providers. Healthcare service is simply the act of prescribing certain treatment to a sick patient with hope of overcoming the particular disease or sickness (Agyepong, Bruce & Narh-Bana, 2006). However, access to healthcare services differs in several countries, groups and individuals which are largely influenced by social and economic conditions as well as health policies in place. Countries across the globe have different healthcare systems and policies and also healthcare goals in the various countries differ from each other (Arhin–Tenkorang, 2001). Healthcare systems are the processes and arrangement put in place by an established organization into making sure that healthcare needs are provided to meet the target populations. Their exact structures however differ from one country to the other. In some countries, and jurisdictions, healthcare planning is laid before the market participants whereas in other countries, healthcare planning is made more among government or other coordinating bodies. According to the World Health Organization (WHO) (2005), a well function healthcare requires a robust financing mechanism and they include well trained healthcare personnels, favourable payment system for workers, reliable information on which to base decisions and policies as well as providing adequate facilities with well equipment and logistics to deliver quality medicines and technologies. Healthcare is very significant if people’s health can be improved to ensure a healthy life (Chaudhury & Roy, 2008). The kind of treatment

given to sick patients would determine their well-being in their social life. Typical example of healthcare is the worldwide eradication of smallpox in 1980—declared by the WHO as the first disease in human history to be completely eliminated by deliberate health care interventions.

2.3. Healthcare Financing

Healthcare financing Ghana had been a major concern for most citizens in the country (Arhin–Tenkorang, 2001). Ghana over the years have been paying debt and encountering debt such the government is not able to adequately finance the healthcare institutions in the country (National Health Insurance Authority, 2010). Due to the financial constraints, the health sector has been poorly affected such that there is poor healthcare service delivery, inadequate skilled personnels and lack of proper functioning of the healthcare facilities (Oppong, 2001). In order for the Ghanaian healthcare institutions to be very effective in terms of finances, there is the need for policy makers to implement policies that can help promote the healthcare services such as implementing a system named ‘cash and curry system (Currie & Madrian, 2005). This though may have some positive impact on the financial gains of the health institutions however the system would disfavour most citizens in the country such as the vulnerable citizens in the country. Evidence shows that, most people in the course of this system desisted from applying healthcare services due to lack of finance. Estimation recorded that about 25% of these people were generally the poor people (Dalinjong & Laar, 2012). The greatest declines were recorded among the poor, elderly, women, and rural residents (Anyiman 1989; Hutchful 2002; Konadu – Agyeman, 2000; Waddington and Enimayew, 1990).

Basically, a healthy population would lead to national development and therefore is important that countries not excluding Ghana must make reforms and adopt strategies that can help raise

adequate resources to finance the healthcare institution in order to promote the health conditions of the citizens in the country. Study showed that the government can gather resources by four main approaches; from general tax revenue, social health insurance, private health insurance and private out of pocket payments (Glied, 2008). These areas thereby serve as platform for most countries to get resources to finance the healthcare services in the country (Griffin, 1992). In Ghana for instance, the government had adopted the National Health Insurance as a way of ensuring quality healthcare services in the country. This also had made it possible for poor households to get access to healthcare services thereby making their lives more -healthier and stronger. This has also been a strategy using by the government to address some of the challenges associated with healthcare services in the country (Currie and Madrian, 2005).

2.4. Overview of Health Insurance

The health insurance is a scheme that is meant to cater for medical and surgical expenses that are incurred by the insured (NHIA, 2010). The health insurance is capable for paying expenses incurred from illness or injury directly. The health insurance also entails motivation packages for healthcare providers as a way of advocating or promoting quality healthcare services (Kochand Alaba, 2010). Anyone who holds the insurance card is assured of medical care whether it be preventive or curative (Sabi, 2005). The health insurance is capable of servicing expenses that may be higher than the patients' effort and therefore most people buy the health insurance scheme to protect themselves against possible financial loss in the future. Furthermore, since the future cannot be determined, people register with insurance so that should misfortune happen in the future the scheme would be available to take all expenses that may result from health treatment at the hospital (Dzikunu and Thorup, 2005).

2.5. Evolution of Health Insurance in Ghana

During the colonial era, healthcare system was established to benefit small elite group of the colonials and their labour force (Arhin–Tenkorang, 2001). This trait was and has been affected through hospitals especially in the urban hospitals. Hospitals demanded a direct payment at the hospital after a patient had been treated. This was a major constraint for most poor households since they didn't have the available resources to pay those expenditures. Due to this most citizens relied on the traditional healers and other missionary health centers. But, during the post-independence period, healthcare services as well as other social institutions like schools were made free for all citizens to enjoy. The goal of the healthcare service was geared towards building the capacity for free healthcare services across the country. However, in building that capacity, hospital facilities are expensive and also the operation healthcare free was also spreading (Kori, 2004). Nevertheless, in the early 1970s, the taxing system and other revenue gathered from the stagnating economy couldn't support the initiation though was very relevant. Notwithstanding, the prices of cocoa was low and also there were global oil crisis and therefore the economy was affected to the more extent. Shortages of essential medicines and supply became a major constraint hence quality healthcare. In 1985, some reforms were made in the major health sector which was part of the governments' agenda of enhancing the health system in the country thus a way of reducing government expenditure in order to enable the government finance its deficits. A system was introduced by the government which was known as the 'cash and carry system'. Besides, the health sector was liberalized for private sector involvement. The system for some time was effective though because it was able to improve quality healthcare services, access to essential medicines and other essential clinic services (Waddington and Enyimayew, 1990). However, a new government saw that the system was quiet unfavourable and

it created a barrier to the use of healthcare facilities; excluding the poor and the vulnerable ones. Now, for the ambulatory patients, the system was so prohibitive that patients quested for alternative source of treatment. In order to solve this benevolent issue, several community health insurance schemes popularly known as the Mutual Health Organization (M.H.O) were developed in Ghana with some external funding and technical support. Ensuring access to quality healthcare services and enabling all citizens to acquire healthcare treatment became the next agendum in the 2000 national electioneering campaign. Therefore in the coming into office, the New Patriotic Party government in fulfilling their promises made in their manifesto passed a bill goaled 'free health care' services hence the National Health Insurance (NHIS) Act, Act 650. This policy was implemented with a mandatory legislative instrument- 'The National Health Insurance Regulation-2004. The act became the payment scheme for healthcare services especially for the poor and the vulnerable. Unlike the cash and carry system, the National Health Insurance Scheme which was implemented in 2005 provides universal coverage to all residents in Ghana regardless of their ability to pay. The coverage however is for all citizens that have been registered with the scheme (Sulzbach, Garshong and Owusu – Banahene, 2005).

2.6. Ghana's Health Care Sector

Several critics have been made concerning the Ghanaian healthcare services (Dzikunu & Thorup, 2005). Healthcare simply refers to the provision of healthcare services to patients admitted at the hospital (Gertler & Gruber, 2002). Mostly, healthcare facilities are financed with public funds (Government of Ghana, National Health Insurance Act 2003.Act 650). In the year 1998, the National Health insurance (NHI) was introduced in the United Kingdom with the goal of providing proper healthcare services to the citizens in the country (Glied, 2008). Similar

initiation was held by the then government of Ghana in 1978 which was known as the Primary Health Care (PHC) (Oppong, 2001). This was a strategy adopted to ensure that the citizens of the country get access to free healthcare services with better healthcare systems (Glied, 2008). De-graft and Awusaba (1993) revealed that according to healthcare records, mortality rate among children were the cause of respiratory infection, malnutrition, diarrhea, meningitis and malaria. Meanwhile, among adults were respiratory diseases, tuberculosis, sexually transmitted diseases, pregnancy related complications, accidents and many more.

Due to this, healthcare institutions in Ghana had become very active in terms of rendering healthcare services and providing medicines for health related issues (Oppong, 2001). Nevertheless, government bodies, religious groups and other non-governmental organizations (NGOs) also do their part by providing the necessary support such as donations, provision of healthcare equipments as well as educating the society on how to live good health. All these coming together, play a significant role in the healthcare service delivery. Thus, studies found that, public institutions under the umbrella of the government and some other non-governmental bodies are categorized into four main system of the service delivery (Twumasi, 1975) and they were;

The regional hospitals or the teaching hospitals situated in the regional capitals. These hospital units are the largest unit of healthcare delivery services and are equipped with adequate tools and equipments needed to provide quality healthcare services. Besides, healthcare providers are well-trained personnels and professionals who are equipped with knowledge and abilities to provide professional health services at the hospital (Sabi, 2005). Second, the district hospitals usually located in large towns. These groups of healthcare providers are not though as well equipped as

those of the regional capital and therefore they are limited in terms of facilities. In these particular hospitals, there could only be one medical or two medical officers and medical assistance operating in these hospitals. Medical officers and other paramedical personnels such as nurses, health practioners as well as ward assistance however are the agents that run the activities in these hospitals (Sulzbach, Garshong & Owusu-Banahene, 2005).

Again, health centers are established to help remove some workload on the regional and district hospitals especially in times of over population of patients in treating minor cases in those hospitals (Wagstaff, 2009). These healthcare centers are basically located at the rural centers or areas. The health center helps in promoting the health need of the people, like healthy living condition, by emphasizing on prevention through immunization and teaching better child feeling practices. Notwithstanding, the health center also lacks adequate equipments and professional healthcare personnels as well. The center is made up of paramedical and usually, professional services are provided on the regular basis (Wagstaff, 2009).

The last to this are the health post. These four categories of healthcare delivery system fall under the administration of the ministry of health (MOH) (Agyepong & Agyei, 2008). This is to ensure that the health agencies become responsible and accountable in order to enhance health service delivery hence provision of quality healthcare services. However, due to inadequate financial resources in the healthcare system, there is lack of healthcare providers such as doctors and nurses in the Public Health Institutions and hence unfavourable salaries (Agyepong & Agyei, 2008). Good healthcare system in Ghana had become a challenge for the Ghanaian health services and therefore is very relevant for the government to put effective measures in place to

ensure proper healthcare services so that the citizens in the country can have access to quality healthcare services better still, promoting the agenda of introducing the health insurance scheme to achieve better healthcare system in Ghana (Arhinful, 2003).

2.7. Types of National Health Insurance Scheme of Ghana

The following types of insurance scheme shall be considered operational in Ghana (Government of Ghana, National Health Insurance Act 2003. Act 650)

1. District Mutual Health Insurance Schemes
2. Private commercial Health Insurance Schemes
3. Social –type Health Insurance Schemes
4. Private Health Insurance Schemes

All the types of health insurance shall have governing boards that shall be responsible for the direction of policies of the scheme. They shall be registered under the company's code 1963, ACT 179 as either limited by guarantee or liability. There is no restriction in the number or type of scheme that one can join, but all shall be regulated by The National Health Insurance Authority (NHIA).

2.7.1. District Mutual Health Insurance Scheme

The District Mutual Health Insurance Scheme (DMHIS) is a combination of two concepts; the Traditional Social Health Insurance Scheme for formal sector workers and the traditional mutual health organizations for the informal sector with the district focus. The DMHIS purposely serve for both formal and informal sector of the economy. The sachem is decentralized with ownership thereby is available to all members who made their contributions. The scheme is social because it

is not profit oriented. All receives at the year-end are ploughed back into the scheme to help the activities of the scheme or increase the benefit package. Thus, each district is obligated to establish health insurance scheme to provide opportunity for the people in the residence to register as members.

The DMHIS had been designed to ensure transparency, build subscriber confidence and in particular bring health insurance to the doorstep of residence (Ministry Of Health, Ghana). Nonetheless, the DMHIS would receive subsidy from the government in a form of risk-equalization and reinsurance for an unforeseeable events.

2.7.2 Private Mutual Health Insurance Scheme

Agyapong and Agyei in 2008 asserted that, is an obligation for any group of person in Ghana to establish and operate a private mutual health insurance scheme which shall not necessary have a district focus. This scheme may be either community, occupational or faith based. This though is socialistic but do not receive any subsidy from government thus, the private mutual health insurance scheme are not conformed to a subsidy from the National Health Insurance Fund (Agyepong et al, 2006).

2.7.3 Private Commercial Health Insurance Scheme

Private Commercial health insurance scheme is a scheme established with the aim of making profit based on the market principles (Agyepong and Agyei, 2008). The scheme is basically operated by approved companies. Premiums are based on the calculated risks of particular groups and individuals who subscribe to it (Agyepong et al, 2006). Members with higher risks pay more. Commercial health insurance companies similarly do not receive subsidy from the

National Health Insurance Fund but they are obliged to pay deposit before they can operate (Dixon et al. 2011). Generally, owners of the private commercial health insurance scheme are the company and the shareholders. In terms of commercializing, the stocks of the company can be traded on the market just as every goods and services are sold in the market. The agency basically plays the role of offering the minimum benefit package and supplementary insurance plans as an add-on for those who are interested and capable of purchasing them.

2.8. Empirical literature on the effects of the NHIS in Ghana

National Health Insurance Scheme is one of the major approaches used by the government to promote quality healthcare services in Africa (Wagstaff, 2009). NHIS is a social health insurance scheme that allows all individuals to have access to quality healthcare services (Wagstaff, 2009). This strategy had been adopted in various parts of Africa with different approaches and principles. However, there had been only some few African countries like Ghana that have been able to systematically evaluate the scheme. The study for instance concentrates on recent experience of Ghana with relation to the NHIS which was way back implemented into the 1992 based on the constitution of the country in the year 2003 and was enforced from late 2005 thereafter (Agyepong and Adjei, 2008; Abekah-Nkrumah et al., 2009). Though there is evidence of large coverage levels (Witter and Garshong, 2009) there are still not enough evidence to reveal the impact of the NHIS on out-of pocket expenditures, health care demand, health status and labour productivity. Hypothetically, access to more generous health insurance by households is influenced in several ways such that, health insurance scheme is meant to reduce healthcare expenditure especially to cater for poor patients (Xu et al., 2003; Chaudhury and Roy, 2008). Uninsured household however would have to devote large part of their budget to cater for

healthcare services since they are not under the care of the health and insurance i.e. spending on healthcare, which diverts resources from their goods (Gertler and Gruber, 2002; Chetty and Looney, 2006).

Also, the insurance scheme is meant to promote the quality of healthcare services at the various hospitals and this would be very effective when the scheme becomes effective in its operation and usage (Goldman et al. 2007; Miller et al. 2009; Barros 2009). Moreover, health insurance has become very relevant in mediating the high cost of childbirth. Although, fertility concept had not received much attention when it comes to researching but health insurance coverage may be a significant economic determinants of fertility. The analysis of this study sought to determine how the NHIS in Ghana affected these various outcomes. This can inform the development of the NHIS itself.

CHAPTER THREE

RESEARCH METHODOLOGY AND ORGANIZATIONAL PROFILE

3.1 Introduction

This chapter presents the methods and techniques used in the study. More specifically, the following issues had been presented and discussed in the study: Research design, population of the study, sample size and sampling technique, data collection and data collection instrument, sources of data, data analysis and ethical consideration.

3.2 Research Design

Research design define the bases upon which a study is conducted. That is, research design helps to know the processes that a study goes through before and during data collection and analysis (Burns and Grove, 2003; 195). Research design answers the questions "how", "when" and "where" (Parahoo, 1997). According to Polit et al. (2001; 167) methodology is where details of the processes involved in data analysis is enshrined. Descriptive was used in this study. Descriptive designs are adopted in order to describe the various variables in the study theme. The study was to ascertain the overall perceptions of staff and patients on the effects of the implementation of NHIS at Suntreso Government Hospital in Kumasi. Hence, the target population of the study included all health workers at the SGH and NHIS holders who visited the SGH. Survey approach was employed for data collection using structured questionnaires.

3.3 Profile of Suntreso Government Hospital (Study Area)

The Suntreso Government Hospital, located at the North-Suntreso area in Kumasi was established in 1963 as an urban health centre to provide primary healthcare to residents of the Bantama metropolitan area and its environs. It will serve the Bantama Metropolis namely: North Suntreso, South Suntreso, Bantama, Abrepo, Abrepo Junction, Amanfrom, Bohyen, Suame, Ohwim, Sofoline, Kwadaso, Kwadaso Estate, Complex, Asuoyeboa, Adoato, Patasi and so many areas in the metropolis. In January 1964 the centre began operations after it had been commissioned on the 22nd of November, 1963 with one medical officer and an assistant, five nurses' dispensary technician and other administrative health workers. The centre became a polyclinic in 1980 due to the massive expansion in its activities and the enormous increase in patients' turnout. As this continued the Ghana health services in 1996, upgraded the clinic to a District hospital to enable it handle more challenging health issues in the Bantama Submetro and its environs. The hospital and its activities have since been departmentalized severally with two of the clinical departments (the Obstetrics and Gynaecology and the Sexually Transmitted Diseases departments) headed by specialist consultants.

3.4 Population of the Study

Population is a group of people from which a sample is selected. Individuals and objects within a population share common characteristics attributes and values (Parahoo, 1997). Burns and Grove (2003) argue that, population of a study delimits the population of a study to section of the national population. The target population of the study included all health workers at the SGH and NHIS holders who visited the SGH.

3.5 Sample Procedure

Sample population is taken from the study population hence they are a part of a population used as representation to the entire population. The sample for this study is drawn from all health workers at the SGH and NHIS holders who visited the SGH (Polit et al., 2001). Purposive approach was used by the researcher to select the Suntreso Government Hospital because it has all the characteristics including staff and patients who are holders of the NHIS that is required in terms of my population of study and also suits the objectives of my study and convenient sampling approach was used to gather data from both the health workers and NHIS holders who visit the SGH.

Convenient sampling is non-probabilistic in nature hence does not give equal opportunities to respondents particularly between doctors and nurses. Convenient sampling approach allowed the researcher to select and interview patients with NHIS accredited card who were willing to answer research questions. The benefit of using non-probability approach was to help the researcher select some key formants like doctors and special nurses top complete the data collection exercise (Polit et al., 2001; Parahoo, 1997; Burns and Grove, 2003; 195). A total of 150 respondents were estimated for the study.

3.6 Data Collection Instruments

Data collection process involves that approaches adopted by the researcher to gather data from respondents and this can be through the use of structured questionnaires or interview guide. While interview provide detailed information to research variables, structured questionnaires are the cheapest, easiest and beneficial way of collecting data from a large sample size.

In respect of this study, structured questionnaires are the main instrument for data collection (Burns and Grove, 2003; 195). Both primary and secondary data sources of data were used. Primary source of data was collected using structured questionnaires while the secondary sources of data were gathered through the records of the NHIS files and documents. The questionnaires were designed in line with the objectives of the study (Isaac and Michael, 1977). Survey approach was used to ascertain the overall perceptions of staff and patients on the effects of the implementation of NHIS at Suntreso Government Hospital in Kumasi.

Wording of the research questions were carefully done to help respondents to easily understand and respond to them in an effective manner (Campana, 2010; Gall et al., 2003). The questionnaires further helped the researcher to measure relationships between and among variables (Saunders et al., 2007).

3.7 Data Collection Procedures

Both primary and secondary data sources of data were used. Primary source of data was collected using structured questionnaires while the secondary sources of data were gathered through the records of the NHIS files and documents. The researcher used two (2) months for data collection at the Suntreso Government Hospital in Kumasi. Data collection is foreseen a problem because most of the patient respondents are illiterates and time constraints are likely to limit the scope of the work in terms of the busy schedules of the staff. That is, the researcher would have to explain questions to respondents before getting favourable answers, which will delay the process of data collection.

3.8 Data Analysis

Data analysis was conducted with the help of the Statistical Package for Social Sciences (SPSS) version 23. Before the use of the SPSS, the researcher performed the following; going through questions to correct all mistakes and errors, grouping and categorizing the questions for appropriateness, coding the questionnaires and entering them into the SPSS to transform them into meaningful, analytical format. Microsoft excel was employed to create graphs and pie charts due to its quality graphics. Inferential and descriptive statistics were undertaken in this study where inferential statistics helped to measure relationship s and descriptive measures were used toad more meaning to variables. Moreover, correlation and regressions measures were used in the analysis where inferential statistics were applied (Kotahari, 2004).

3.9 Validity and Reliability of Research Instrument

Validity and reliability was assured through the use of pre-testing of questionnaires where prior corrections were made to prevent any errors that may cause jeopardy to future results, which may negatively affect validity and reliability. Questions were design by adapting questions from known authors in the field of being researched. The questionnaires were further designed with the guide of the research objectives and were further reviewed by research supervisors. Validity and reliability was assured by further testing questionnaires against literature (Mugenda and Mugenda, 2003).

3.10 Ethical Considerations

The researcher acknowledges that all research must comply with research ethics and as such, the researcher complied with four main ethical considerations; protecting the identity of respondents,

ensuring information confidentiality, respecting the right of respondents and collecting data in a safe environment. That is, the researcher through the pre-testing exercise made sure that; all questions that may embarrass and offend respondents were eliminated. Also, the researcher assured respondents of using information for solely academic purposes and not for any other means. Consent forms were presented to respondents to determine their willingness to participate in the data collection before administering questionnaires to them and lastly, respondent's names were preserved by not taking their names.

3.11 Chapter Summary

Descriptive and explanatory designs were used in this study. The study was to ascertain the overall perceptions of staff and patients on the effects of the implementation of NHIS at Suntreso Government Hospital in Kumasi. Hence, the target population of the study included all health workers at the SGH and NHIS holders who visited the SGH. Survey approach was employed for data collection using structured questionnaires. The target population of the study included all health workers at the SGH and NHIS holders who visited the SGH. Purposive approach was used by the researcher to select the SGH as a hospital and convenient sampling approach was used to gather data from both the health workers and NHIS holders who visit the SGH. Convenient sampling approach allowed the researcher to administer questionnaires to respondents who were willing to answer the research questions. Both primary and secondary data sources of data were used. Data analysis was conducted with the help of the Statistical Package for Social Sciences (SPSS) version 23.

CHAPTER FOUR

DATA ANALYSIS AND DISCUSSIONS

4.0 Introduction

The chapter presents the analysis and discussions of the field data. The data analyses have been categorized into sections as follows; perspective of subscribers, perspective of National Health Insurance Scheme officials and perspective of private hospitals. Overall, 250 questionnaires were distributed to the three group of respondents. However, 239 usable ones were received recording 95.6% response rate.

4.1 SUBSCRIBERS PERSPECTIVE

4.1.1 Socio-demographic Information for Subscribers

Table 4.1.1: Socio-demographic Characteristics of Subscribers

Demographic	Frequency	Percent
Age		
Below 18 years	39	27.1
Young (18-30 years)	28	19.4
Early adulthood (30-45 years)	32	22.2
Middle age (45-60 years)	16	11.1
Old age (60- 75 years)	29	20.1
TOTAL	**144**	**100**
Gender		
Male	99	68.8
Female	45	31.3
TOTAL	**144**	**100**
Marital Status		
Married	56	38.9
Single	34	23.6

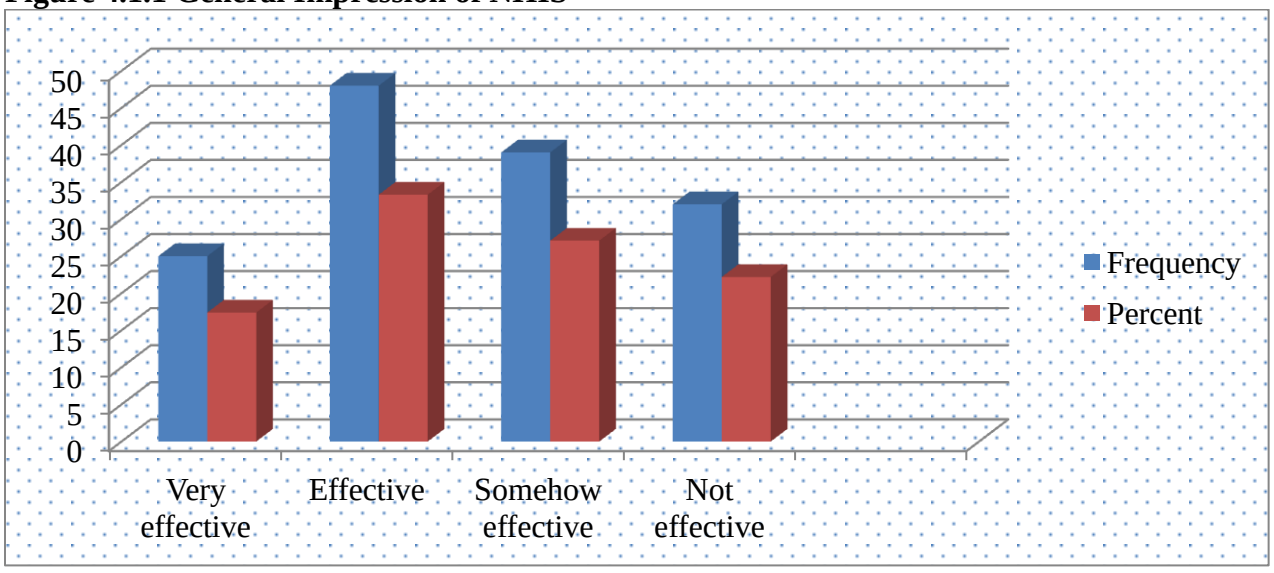
Widowed	29	20.1
Divorced	25	17.4
TOTAL	**144**	**100**
Children/Dependent		
One	39	27.1
Two	28	19.4
Three	32	22.2
Four	16	11.1
Five and above	29	20.1
TOTAL	**144**	**100**
Place of Residence		
Village	46	31.9
Town	86	59.7
Other	12	8.3
TOTAL	**144**	**100**
Employment Status		
Self-employed	72	50.0
Salaried worker	16	11.1
Student	16	11.1
Unemployed	16	11.1
Other	24	16.7
TOTAL	**144**	**100**

Source: Field Survey, 2019

Table 4.1.1 presents the socio-demographic characteristics of subscribers. From the survey, the age of subscribers indicates that 27.1% are aged below 18 years, 19.4% of the respondents are in their young ages (18-30 years), 22.2% of the respondents are in their early adulthood (30-45 years), 211.1% of the respondents are in their middle ages (45-60 years) and 0.1% of the respondents are in their old age (60-75 years). The results imply that, the perception on the NHIS was collected from all age groups hence there will be fair contribution from all age groups. The gender of respondents indicated that, 68.8% of the respondents were males and 31.3% of the respondents were females. The gender of the distribution implies that, males will contribute on the perception than females. Also, the marital status of respondents showed that, 38.9% of the respondents were married, 23.6% of the respondents were single, 20.1% of the respondents were

widowed and 17.4% were divorced. Collecting information from respondents helped to gather diverse understanding of the respondents thinking. Moreover, with the number of children respondents have, 27.1% of the respondents have 1 child, 19.4% of the respondents have 2 children, 22.2% of the respondents have 3 children, 11.1% of the respondents have 4 children and 20.1% of the respondents have 5 children and above. Additionally, with the place of residence and the results show that, 31.9% of the respondents reside in villages, 59.7% of the respondents reside in towns and 8.3% of the respondents reside in other places. The perception from the perspective of those living in the villages and towns will help to enrich the results from different socio-economic backgrounds. With the employment status of respondents and from the table, 50% of the respondents were self-employed, 11.1% of the respondents were salary workers, another 11.1% of the respondents were students and another 11.1% of the respondents were unemployed and 16.7% belong to other employment avenues.

Figure 4.1.1 General Impression of NHIS



Source: Field Survey, 2019 **General Impression of NHIS**

Figure 4.1.1 presents the general impression of NHIS. From the figure, 33.3% of the respondents are of the view that, the NHIS was effective, 27.1% of the respondents are of the view that, the NHIS was somehow effective, 22.2% are of the view that, the NHIS was not effective and 17.4% of the respondent's are of the view that, the NHIS was very effective. The study implies that, most Ghanaians consider NHIS to be efficient in allowing the poor and the rich equal access to healthcare delivery. According to Arhin–Tenkorang (2001) during the colonial era, healthcare system was established to benefit small elite group of the colonials and their labour force. However, core mandate of the Government of Ghana was to use the NHIS to provide equitable access to basic healthcare services without using Out-of-Pocket (OOP) payment (Government of Ghana, 2003). The National Health Insurance Scheme was enacted by the National Health Insurance Act of 2003 under the then incumbent government headed by His Excellency John Agyekum Kuffour. The Insurance Act is to allow Ghanaians to access healthcare services without paying physical cash (Ghana Ministry of Health, 2004, qtd. Mensah et al., 2010, p.99). The driving goal of the Act was to achieve universal healthcare coverage in five years time (Health Systems, 20/20, 2009). The structure of the NHIS was developed to include local agencies and other international health development partners like the Department For International Development (DFID), World Health Organization (WHO) and the Danish International Development Agency (DANIDA) (Health Systems 20/20, 2009).

4.1.2 Awareness of NHIS

Table 4.1.2: Awareness of NHIS

Variables	Frequency	Percent
Awareness of NHIS	144	100.0

Source: Field Survey, 2019

Table 4.1.2 presents awareness of NHIS and from the table all the respondents (100%) have heard of NHIS. The study implies that, people have knowledge of the existence of the NHIS. This suggests proper awareness was created after the enactment of the NHIS policies this implication is valid because data was collected from both town and village.

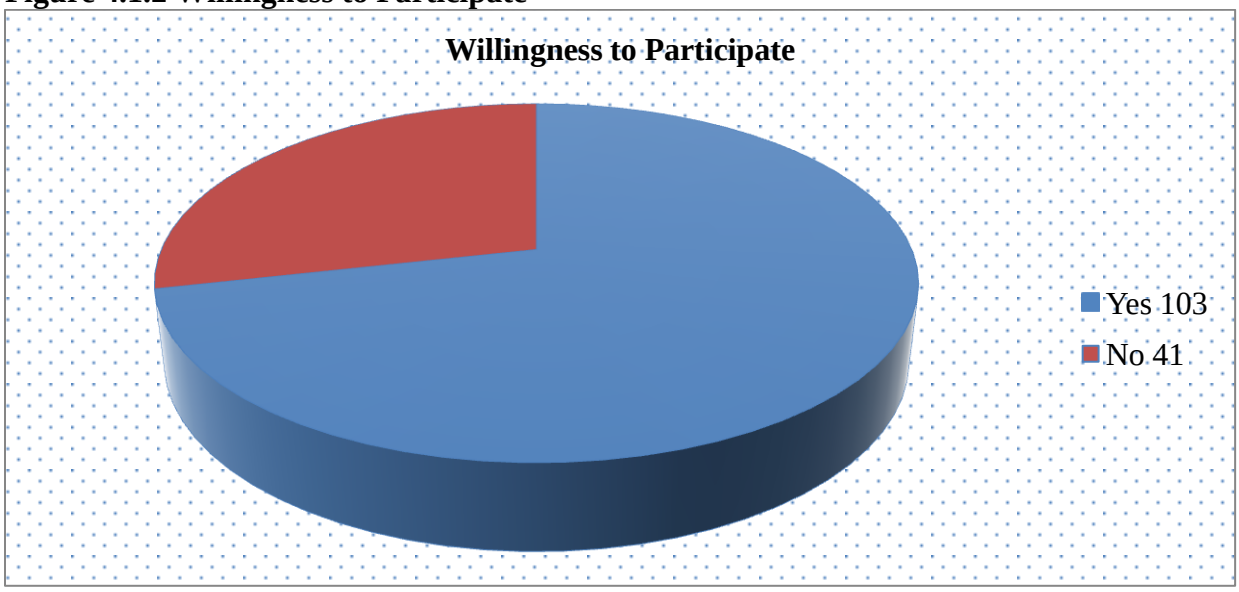
Table 4.1.3: Source of Information

Variables	Frequency	Percent
Newspaper	8	5.6
Radio\Television	62	43.1
Seminars\meetings	20	13.9
Friends and family members	38	26.4
Internet	16	11.1
Total	**144**	**100.0**

Source: Field Survey, 2019

Table 4.1.3 presents sources of information and from the table, 43.1% of the respondents heard about NHIS on the radio and television, 26.4% of the respondents heard of the NHIS from family and friends, 13.9% of the respondents heard of the NHIS during seminars and meetings and 11.1% of the respondents heard of NHIS through the internet and 5.6% heard of NHIS through the newspaper. This implies that, diverse mediums were used to communicate to the public about the NHIS. This further suggests that, both those who can read and write as well as those who cannot read and write were all reached through these mediums.

Figure 4.1.2 Willingness to Participate



Source: Field Survey, 2019 **Willingness to Participate**

Figure 4.1.2 presents the willingness of participation and from the table, 71.5% of the respondents were willing to participate in the NHIS and 28.5% of the respondents were not willing to participate in the NHIS. Through the field survey, respondents who were not willing to participate in the NHIS were asked their reason and they among the reason offered was; "when you are holding the NHIS, proper care is not given to you", "others stated that, they use to have the NHIS but they don't experience any health problem and it expires hence they have decided not to renew it again", "others stated their preference for private hospitals than the government hospitals". According to a study by Oppong (2001) Healthcare-financing Ghana had been a major concern for most citizens in the country. Evidence shows that, most people in the course of the "cash and carry" system desisted from applying healthcare services due to lack of finance. Estimation recorded that about 25% of these people were generally the poor people. The greatest declines were recorded among the poor, elderly, women, and rural residents (Anyiman 1989; Hutchful 2002; Waddington and Enimayew, 1990). However, the introduction of the NHIS opened the chance for these groups of people to access healthcare (Konadu – Agyeman, 2000).

Table 4.1.4: Support for Implementation

Variables	Frequency	Percent
Support the implementation	144	100.0

Source: Field Survey, 2019

Table 4.1.4 presents support for the implementation and from the table, all the respondents (100%) are of the view that, there was enough support for the implementation of NHIS. This implies that, people pay less for their healthcare treatment because the actual cost in receiving those treatments have been subsidized by the government. The National Health Insurance Scheme is one of the major approaches used by the government to promote quality healthcare services in Africa (Wagstaff, 2009). NHIS is a social health insurance scheme that allows all individuals to have access to quality healthcare services. This strategy had been adopted in various parts of Africa with different approaches and principles.

4.1.3 Service Benefits and Challenges

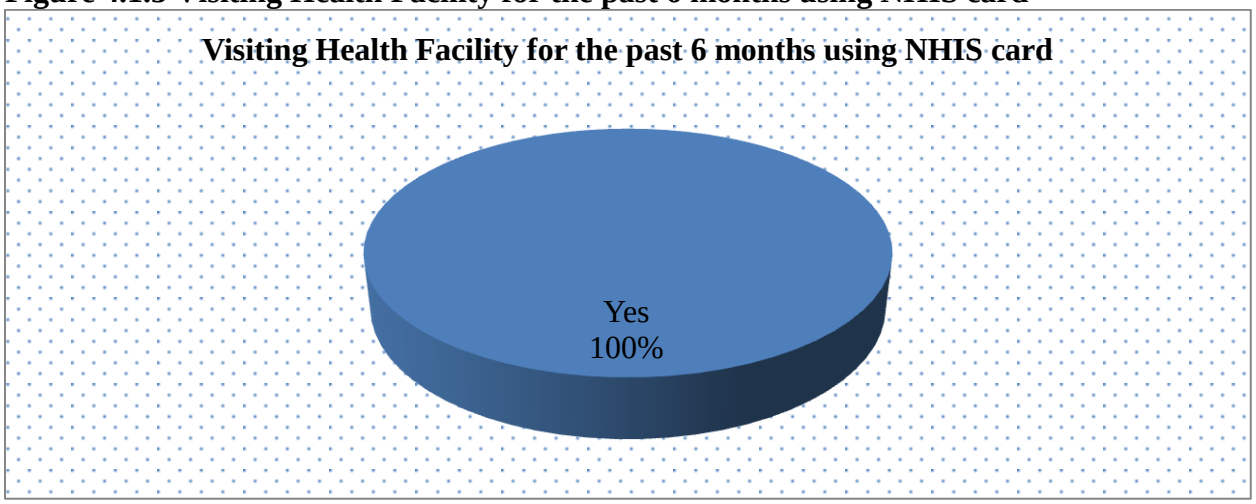
Table 4.1.5: Accessing Health facility anytime using NHIS card

Variables	Frequency	Percent
Yes	144	100.0

Source: Field Survey, 2019

Table 4.1.5 presents access to health facility with NHIS card. Results show that, 100% of the respondents were able to access health facilities anytime the use NHIS cards. The results imply that, holders of the NHIS are able to access health facilities anytime through the NHIS. The access was in terms of distance as well because holders of the NHIS card can access health centers nearest to them. Anyone who holds the insurance card is assured of medical care whether it be preventive or curative (Sabi, 2005). The health insurance is capable of servicing expenses that may be higher than the patients' effort and therefore most people buy the health insurance scheme to protect themselves against possible financial loss in the future.

Figure 4.1.3 Visiting Health Facility for the past 6 months using NHIS card



Source: Field Survey, 2019 **Visiting Health Facility for the past 6 months using NHIS card**

Figure 4.1.3 presents visit to health facilities in the last 6 months and all the respondents (100%) have visited health facilities over the last 6 months with the NHIS. This implies that, the NHIS allows people to visit the hospital because they can afford to visit the hospital.

Table 4.1.6: Rating Satisfaction with Services

Items	Less Satisfied Frequency/percentage	Satisfied Frequency/percentage
Availability of health personnel	108/75.0	36/25.0
Quality of basic amenities	102/70.8	42/29.2
Attitude of health personnel	89/61.8	55/38.2
Availability of drugs	144/100.0	-
Easy access to health care	144/100.0	-
Waiting time at facility	112/77.8	32/22.2
Symptom improvement after a week	107/74.3	37/100.0

Source: Field Survey, 2019

Table 4.1.6 presents the satisfaction level of respondents. With the availability of health personnel, 75% of the respondents less satisfied and 25% of the respondents were satisfied. Also, with quality of basic amenities, 70.8% of the respondents were less satisfied and 29.2% were satisfied. Moreover, the attitude of health personnel show that, 61.8% of the respondents were less satisfied and 38.2% of the respondents were satisfied. More so, regarding the attitude of

NHIS staffs, a whopping 88.2% of the respondents were less satisfied and 11.8% of the respondents were satisfied. In relation to availability of drug, all the respondents (100%) were less satisfied. Similarly, with easy access to health care, all the respondents were less satisfied. The results of waiting time at facility showed that, 77.8% of the respondents were less satisfied and 22.2% of the respondents were satisfied. Lastly, with symptom improvement after a week, 74.3% of the respondents were less satisfied and 25.7% of the respondents were satisfied. The study implies that, although most people are satisfied with the NHIS services, there is the need to relook at the system to satisfy people who are dissatisfied with the NHIS system.

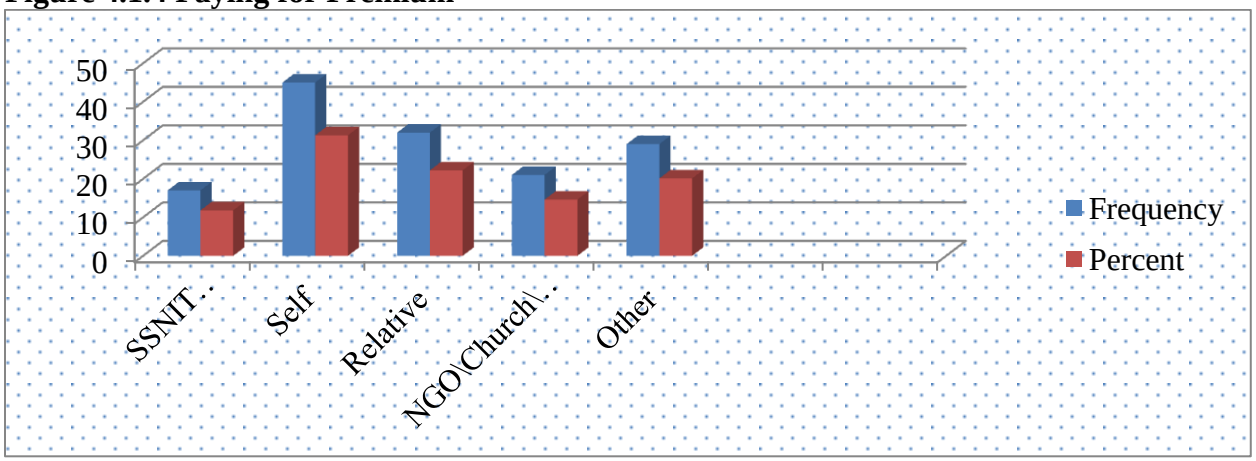
Table 4.1.7: Years of Satisfaction with Services

Variables	Frequency	Percent
Below 5 years	95	66.0
5 years and above	49	34.0
Total	**144**	**100.0**

Source: Field Survey, 2019

Table 4.1.7 presents the number of years of satisfaction with service and 66% of the respondents have been satisfied with the NHIS service for less than 5 years and 34% of the respondents have been satisfied for five years and below. This implies that people who have the NHIS are satisfied with the NHIS service.

Figure 4.1.4 Paying for Premium



***Source: Field Survey,* 2019** **Paying for Premium**

Figure 4.1.8 presents respondents payment of NHIS premium and the results show that, 31.3% of the respondents pay the NHIS premium by themselves, 22.2% of the respondents' relative pay the premium, 20.1% of the respondents result to other means, 14.6% of the respondents pay their premiums through NGOs, Churches and organizations and 11.8% of the respondents pay the NHIS premium through SSNIT contributions. The results implied that, payment of the NHIS was very flexible as people paid through the means that was convenient for them.

Table 4.1.8: Access to NHIS office during Registration

Variables	Frequency	Percent
Yes	95	66.0
No	49	34.0
Total	**144**	**100.0**

Source: Field Survey, 2019

Table 4.1.8 presents access to NHIS office during registration. From the table, 66% of the respondents have access to the NHIS office during registration and 34% of the respondents do not have access to the NHIS office during registration. The study implies that most people easily access the NHIS registration office but there are equally huge number of people who have no access hence the need to make the office accessible to those who have no access.

Table 4.1.9: Challenges faced during Registering with the Scheme

Items	VG	G	N	NG	NVG
Long distance	-	4/2.8	-	45/31.3	95/66.0
High cost of transportation	8/5.6	8/5.6	4/2.8	21/14.6	103/71.5
Absence or poor attitude of officials	4/2.8	-	-	4/2.8	136/94.4
Long queues	-	28/19.4	-	-	116/80.6

Source: Field Survey, 2019. *VG=Very Good; G=Good; N=Neutral; NG=Not Good; NVG=Not Very Good*

Table 4.1.9 presents the challenges faced during registering with the scheme and from the table, majority (66%) of the respondents indicated long distance not very good, 31.3% of the respondents are of the view that, long distance were not good and 2.8% of the respondents are of the view that, the distance was good. Regarding the high cost of transportation being a challenge, 71.5% of the respondents agreed that the high cost of transportation was not very good, 14.6% stated high cost of transportation was not good, 5.6% indicated cost to be good, another 5.6% indicated cost to be very good and 2.8% were neutral. With poor attitude of officials, a whopping 94.4% are of the view that, the attitude of officers were not very good, 2.8% are of the view that, the attitude of officers were not good and another 2.8% are of the view that, the attitude of officers were very good. Lastly, the challenge of long queue showed that, 80.6% stated the nature of long queues was not very good and 19.4% are of the view that, queues were good. The results of the study imply that, there are several challenges that NHIS cardholders face like long distance, high cost of transportation, long queue and others. This further contributes to people's decision to stop the use of the NHIS service due to the inconveniences surrounding it.

Table 4.1.10: Challenges faced using the card in Health Facility

Items	VG	G	N	NG	NVG
Rejection of card	-	4/2.8	16/11.1	41/28.5	83/57.6
Unavailability of card	8/5.6	12/8.3	7/4.9	40/27.8	72/50.0
Poor attitude of health officials	-	12/8.3	4/2.8	47/32.6	76/52.8
Long queues	24/16.7	28/19.4	16/11.1	48/33.3	23/16.0

Source: Field Survey, 2019. *VG=Very Good; G=Good; N=Neutral; NG=Not Good; NVG=Not Very Good*

Table 4.1.10 presents the challenges faced in using the NHIS card at the health facility. The results indicated that, 57.6% agree that the rejection of card was not very good, 28.5% are of the view that, using card at health facilities were not good, 11.1% were neutral and 2.8% agreed that rejection of card was good. Also, 50% of the respondents indicated that, unavailability of card was not very good, 27.8% are of the view that, unavailability of card was not good, 8.3% are of the view that, unavailability of card was good, 5.6% are of the view that, unavailability of card was very good and 4.9% were neutral. Moving on, 52.8% of the respondents agree that the poor attitude of health officials was not very good, 32.6% of the respondents agree that the poor attitude of health officials was not good, 8.3% of the respondents agree that the poor attitude of health officials was good and 2.8% were neutral. Lastly, 33.3% of the respondent's are of the view that, long queues were not good, 19.4% of the respondents are of the view that, long queues were good, 16.7% of the respondent's are of the view that, long queues were very good, 16% of the respondent's are of the view that, long queues were not very good and 11.1% remained neutral. Similarly, the study implied that, in the process of using the NHIS card, people encounter challenges rejection of cards, unavailability of cards, unavailability of health officials and long queues.

4.2 NHIS OFFICIALS PERSPECTIVE

4.2.1 Socio-demographic Information for NHIS Officials

Table 4.2.1 Socio-demographic Information for NHIS Officials

Demographic	Frequency	Percent
Gender		
Male	30	66.7
Female	15	33.3
TOTAL	**45**	**100**
Age		
30-39 years	7	15.6
40-49 years	26	57.8
50-59 years	12	26.7
TOTAL	**45**	**100**
Educational Level		
No formal education	5	11.1
Diploma	9	20.0
Bachelor degree	9	20.0
Masters or above	17	37.8
Others	5	11.1
TOTAL	**45**	**100**
Current Position in NHIS		
Senior staff	5	11.1
Administrative	17	37.8
Sales and Marketing	10	22.2
Others	13	28.9
TOTAL	**45**	**100**
Years been working in the Position		
Less than one year	45	100.0
Years Organisation/Clinic or Hospital has been in Business		
Less than one year	6	13.3
1-5 years	11	24.4
5-10 years	17	37.8
More than 10years	11	24.4
TOTAL	**45**	**100**

Source: Field Survey, 2019

The table above presents the socio-demographic information for NHIS officials. From the study majority (66.7%) of the respondents were males and the least (33.3%) were females. With

regards to age, majority (57.8%) of the respondents were aged between 40-49 years, 26.7% were aged between 50-59 years and the least (15.6%) of the respondents were aged between 30-39 years. The age distribution of the study implies that the different age groups will help to understand the perception of staffs on NHIS implementation. Relating to educational level, majority (37.8%) of the respondents said that they have acquired their Masters and even beyond that, 20.0% also said that they have acquired their Bachelor's degree with another 20.0% indicating that they have had a Diploma, 11.1% of the respondents said they have not acquired any formal education and other 11.1% also said they have achieve other educational qualifications. The educational background of staffs will further allow the researcher to understand how people at different levels of education perceive the NHIS service. From the study, majority (37.8%) of the respondents indicated that they were administrators, 28.9% said they held other positions, 22.2% said that they did sales and marketing and the least (11.1%) of the respondents also indicated that they were the senior staffs. The position of respondents suggests that, the responses will give the researcher a fair idea of how people at different social status perceive the NHIS service. With regards to years of working in the position, 100% of the respondents have held their positions for less than one year. The implication of holding position for less than a years is that, respondents have less experience and may not be able to provide case examples on the study issues. From the table, majority (37.8%) of the respondents indicated that their organization had been in business 5-10 years, 24.4% said their organization had also been into business more than 10 years with another 24.4% indicating that their organization too had been into business 1-5 years and the least (13.3%) of the respondents also said their organization had been into business less than one year. This implies that, organizations have had enough experience dealing with NHIS cardholders.

4.2.2 Perceptions of Staff on the effects of the Implementation of NHIS

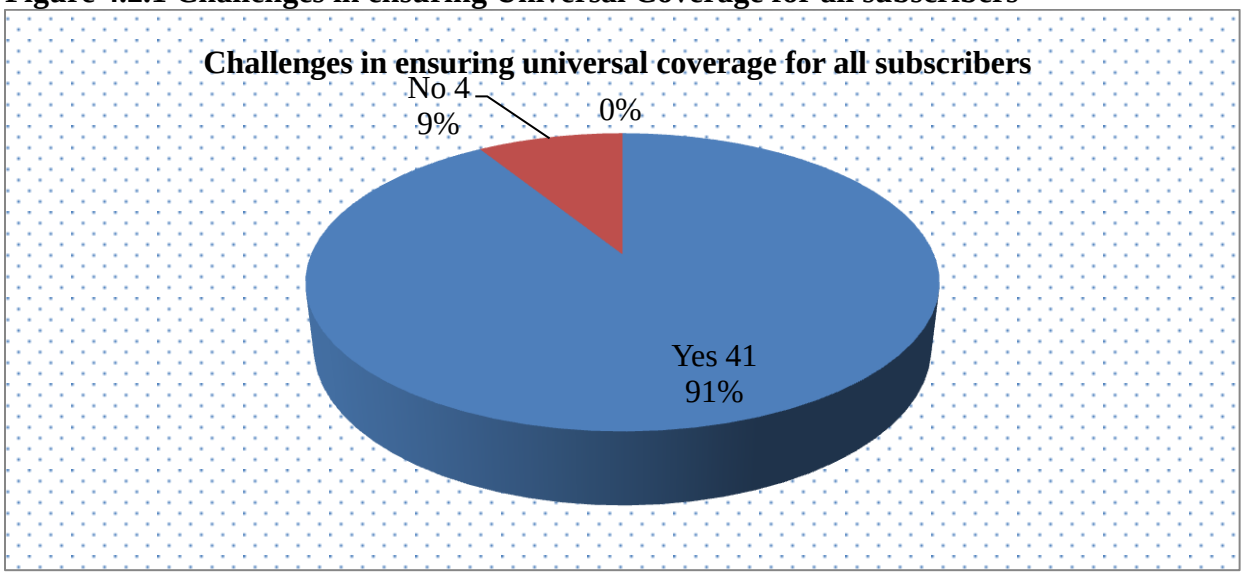
Table 4.2.2: Subscribers renewing their Membership regularly and timely

Variables	Frequency	Percent
Yes	36	80.0
No	9	20.0
Total	**45**	**100.0**

Source: Field Survey, 2019

Table 4.2.2 presents subscribers renewing their membership regularly and timely, majority (80.0%) of the respondents showed that indeed subscribers renewed their membership regularly and on the timely basis whereas the least (20.0%) of the respondents said no. The results of the study suggests that most card holders appreciate the NHIS and desire to renew it on time to continue enjoying the benefits that come with it. According to the World Health Organization (WHO) (2005), a well function healthcare requires a robust financing mechanism and they include well trained healthcare personnels, favourable payment system for workers, reliable information on which to base decisions and policies as well as providing adequate facilities with well equipment and logistics to deliver quality medicines and technologies. In order for the Ghanaian healthcare institutions to be very effective in terms of finances, there was the need for policy makers to implement policies that can help promote the healthcare services hence the introduction of the National Health Insurance Scheme (NHIS) (Currie & Madrian, 2005).

Figure 4.2.1 Challenges in ensuring Universal Coverage for all subscribers



Source: Field Survey, 2019 **Challenges in ensuring Universal Coverage for all subscribers**

From the figure above, maximum (91.1%) number of the respondents said that ensuring universal coverage for all subscribers do come with some challenges and the minimum (8.9%) of the respondents said there were no challenges in universal coverage activity. The results of the study imply that the NHIS system is not challenge free. More need to be done to extend the NHIS service to all part of the country.

Table 4.2.3: Challenges facing NHIS operation in Hospital

Variables	Frequency	Percent
Poor regulatory systems impinge on NHIS usage	13	28.9
Lack of adequate finance	2	4.4
Financial mismanagement	2	4.4
Low commitment	3	6.7
Low community acceptance	1	2.2
Ignorance by most customers is a challenge	24	53.3
Total	**45**	**100.0**

Source: Field Survey, 2019

The table above presents challenges facing NHIS operation in hospital. The study found that, majority (53.3%) of the respondents indicated that one predominant challenge facing the NHIS

operation in their respective hospital was the ignorance by most customers, 28.9% said poor regulatory systems was the challenge, 6.7% said their challenge was low commitment, 4.4% also said lack of adequate finances with another 4.4 % agreeing with the same challenge and the least (2.2%) of the respondents indicated that low community acceptance was also a challenge for the NHIS usage. The implications of these challenges are the result of people loosing trust in the NHIS initiative leading to non-renewal and others. National Health Insurance Scheme is one of the major approaches used by the government to promote quality healthcare services in Africa (Wagstaff, 2009). NHIS is a social health insurance scheme that allows all individuals to have access to quality healthcare services (Wagstaff, 2009). This strategy had been adopted in various parts of Africa with different approaches and principles. However, there had been only some few African countries like Ghana that have been able to systematically evaluate the scheme. The study for instance concentrates on recent experience of Ghana with relation to the NHIS which was way back implemented into the 1992 based on the constitution of the country in the year 2003 and was enforced from late 2005 thereafter (Agyepong and Adjei, 2008; Abekah-Nkrumah et al., 2009).

Table 4.2.4: Measures to Ensure Smooth Implementation of NHIS

Items	SA F/%	A F/%	N F/%	D F/%	SD F/%
Increase per capital rate	15/33.3	30/66.7	-	-	-
Extend the ICT platform to all accredited provided. This will help to Come for the undue delays and irregularities in the capitation enrollment list	40/88.9	5/11.1	-	-	-
All primary providers should sign a contract with the NHIA and should be guided by rules and regulations any defaulting provider should be sanctioned in accordance with the law.	45/100.0	-	-	-	-
The capitation enrollment i.e. PPP should be lied to fresh registration and renewals i.e. at a point of renewing client should be lied to a facility. This will help to do away with the undue	1/2.2	44/97.8	-	-	-
frustration clients go through when they have to wait till their					

Source: Field Survey, 2019. *SA=Strongly Agree; A=Agree; N=Neutral; D=Disagree; SD=Strongly Disagree*

The table above presents measures to ensure smooth implementation of NHIS. From the study, majority (66.7%) of the respondents agreed that increase per capital rate could ensure smooth implementation of NHIS and the rest (33.3%) of the respondents also strongly agreed. The study revealed that (88.9%) of the respondents strongly agreed that extending the ICT platform to all accredited providers would help ensure the effectiveness of the NHIS and the least (11.1%) of the respondents also agreed. From the study, 100% of the respondents strongly agreed that assigning a contract to all primary providers with the NHIA and regulating them with rules and regulations with sanctions given to defaulted providers would help ensure smooth implementation of the NHIS. Again, in the table majority (97.8%) of the respondents agreed that the capitation enrollment would also help ensure effectiveness of the NHIS and the least (2.2%) of the respondents also strongly agreed. The implication of this is that, the application of these

measures can easily lead to the achievement of nationwide coverage. Though there is evidence of large coverage levels (Witter and Garshong, 2009) there are still not enough evidence to reveal the impact of the NHIS on out-of pocket expenditures, health care demand, health status and labour productivity. Hypothetically, access to more generous health insurance by households is influenced in several ways such that, health insurance scheme is meant to reduce healthcare expenditure especially to cater for poor patients (Xu et al., 2003; Chaudhury and Roy, 2008). Uninsured household however would have to devote large part of their budget to cater for healthcare services since they are not under the care of the health and insurance i.e. spending on healthcare, which diverts resources from their goods (Gertler and Gruber, 2002; Chetty and Looney, 2006).

4.3 PRIVATE HOSPITALS PERSPECTIVE

4.3.1 Socio-demograhic Information for Private Hospitals

Table 4.3.1: Socio-demographic Information for Private Hospitals

Demographic	Frequency	Percent
Gender		
Male	34	68.0
Female	16	32.0
TOTAL	**50**	**100**
Age		
31-40 years	8	16.0
41-50 years	30	60.0
51-60 years	12	24.0
TOTAL	**50**	**100**
Category of Health Profession		
Doctor	12	24.0
Nurse	12	24.0
Clinical Associate	11	22.0
Radiographer	5	10.0
Pharmacist	10	20.0
TOTAL	**50**	**100**
Years of Experience		
Less than one year	6	12.0
1-5 years	20	40.0
6-10 years	12	24.0
More than 10 years	12	24.0
TOTAL	**50**	**100**

Source: Field Survey, 2019

Table 4.3.1 presents the socio-demographic characteristics of respondents. The gender of the respondents show that, majority (68%) of the respondents were males while 32% of the respondents were females. The gender of the distribution implies that, males will contribute on the perception than females. The age distribution of respondents show that, 60% of the respondents were aged between 41-50 years, 24% of the respondents were aged between 51-60 years and 16% of the respondents were 31-40 years. The age distribution of the study implies

that the different age groups will help to understand the perception of staffs on NHIS implementation. The category of health profession show that, 24% of the respondents were doctors, 24% were nurses, 22% were clinical associates, 20% were pharmacists and 10% and 10% were radiographers. The results imply that, the views of different experts on the NHIS were collected to understand the NHIS system from different perspective. The years of experience indicated that, 40% of the respondents have 1-5 years working experience, 24% of the respondents have 6-10 years working experience, 24% of the respondents have more than 10 years working experience and 12% have less than one year. The years of working experience imply that the experts like doctors, nurses, clinical assistants, pharmacists and others would provide meaningful insight to the study theme to understand the NHIS initiative from their expert understanding.

4.3.2 Health care Professions Knowledge of various aspects of NHIS

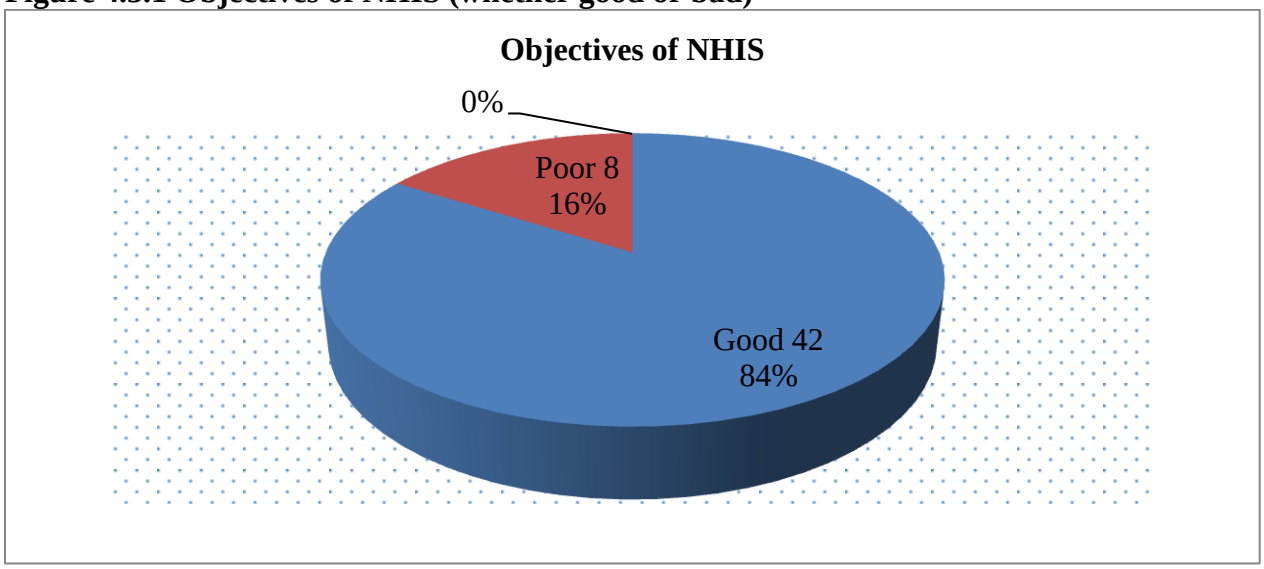
Table 4.3.2: Existence of the NHIS Green Paper

Variables	Frequency	Percent
Aware	50	100.0

Source: Field Survey, 2019

Table 4.3.2 presents existence of the NHIS green paper and the results show that, 100% of the respondents were aware of the NHIS green paper. This implies that on the area of aware among the providers of health services in the private sector, the knowledge has spread to all providers.

Figure 4.3.1 Objectives of NHIS (whether good or bad)



Source: Field Survey, 2019 **Objectives of NHIS**

Figure 4.3.1 presents the objectives of NHIS and the results show that, 84% of the respondent's are of the view that, the NHIS was good and only 16% are of the view that, the NHIS was poor. This implies that, the NHIS initiative has been acknowledged as a positive initiative by government to make healthcare accessible to all people. Also, the insurance scheme is meant to promote the quality of healthcare services at the various hospitals and this would be very effective when the scheme becomes effective in its operation and usage (Goldman et al. 2007; Miller et al. 2009; Barros 2009). Moreover, health insurance has become very relevant in mediating the high cost of childbirth.

Table 4.3.3: Funding

Variables	Frequency	Percent
Taxation	26	52.0
Employee	2	4.0
Employer	12	24.0
Joint	10	20.0
Total	**50**	**100.0**

Source: Field Survey, 2019

Table 4.3.4 presents funding and from the table, 52% of the respondents noted that, taxes are used to fund the NHIS, 24% are of the view that, the NHIS is funded through employers, 20% are of the view that, the NHIS is funded through joint partnership and 4% of the respondents are of the view that, the NHIS is funded by employees. There are four main sources from which the NHIS is financed; through value added taxes from goods and services, a part of the social security is used for financing the NHIS, individual premiums and other returns on investments. The percentage of 2.5 is deducted from goods and services to make up the value added tax, which is referred to as the National Health Insurance Levy (NHIL). The value added tax forms about 70% of the insurance fund with social security forming 23% and other funds constitute 5% and 2%. The results implied that, payment of the NHIS was very flexible as people paid through the means that was convenient for them. The Act made the insurance scheme mandatory unless the person has other source of health insurance, which is managed by private means (Health Systems 20/20, 2009). The reality is that, 70% of the people who hold the NHIS do not pay their premiums and among these groups are persons under 18 years, pregnant women and the aged who are above 70 years, SSNIT contributors, Indigents, Livelihood Empowerment Against Poverty (LEAP) beneficiaries and SSNIT pensioners. Just 30% of the population pays the insurance premium of GHC 18 and GHC 8 for renewal (Corporate Affairs Directorate, 2018).

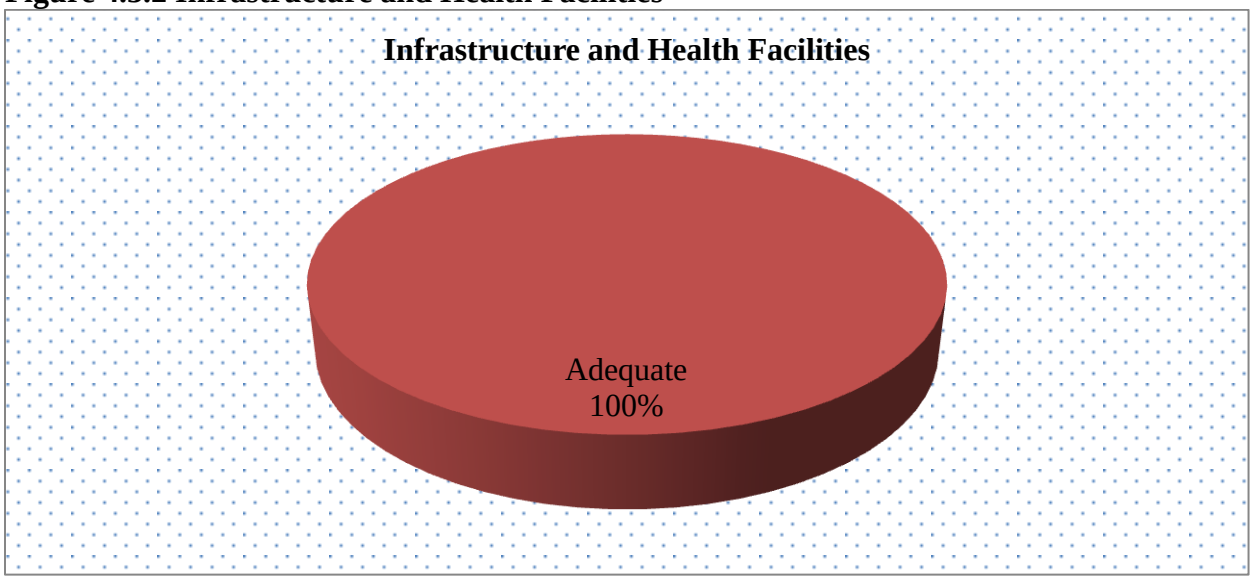
Table 4.3.4: Readiness for the implementation of NHIS

Variables	Frequency	Percent
Healthcare professionals	50	100.0

Source: Field Survey, 2019

Table 4.3.4 presents readiness for the implementation of NHIS. The study showed that, all the respondents (100%) at Suntreso Hospital were ready to implement the NHIS. This implies that, healthcare official are willing to support the continuous progress of the NHIS service.

Figure 4.3.2 Infrastructure and Health Facilities



***Source: Field Survey,* 2019** **Infrastructure and Health Facilities**

Figure 4.3.2 presents infrastructure and health facilities. Results show that, all the respondents (100%) state that there are enough infrastructures and health facilities. This implies that an increase in the enrolment of the NHIS will not affect the operations of the hospital.

Table 4.4.5: Health Professionals Availability

Variables	Frequency	Percent
Increase availability of staff	50	100.0

Source: Field Survey, 2019

Table 4.4.5 presents health professionals' availability. The results show that, 100% of the respondents indicated increased availability of staffs. This implies that, health professionals are committed to their work and are willing to push the NHIS agenda.

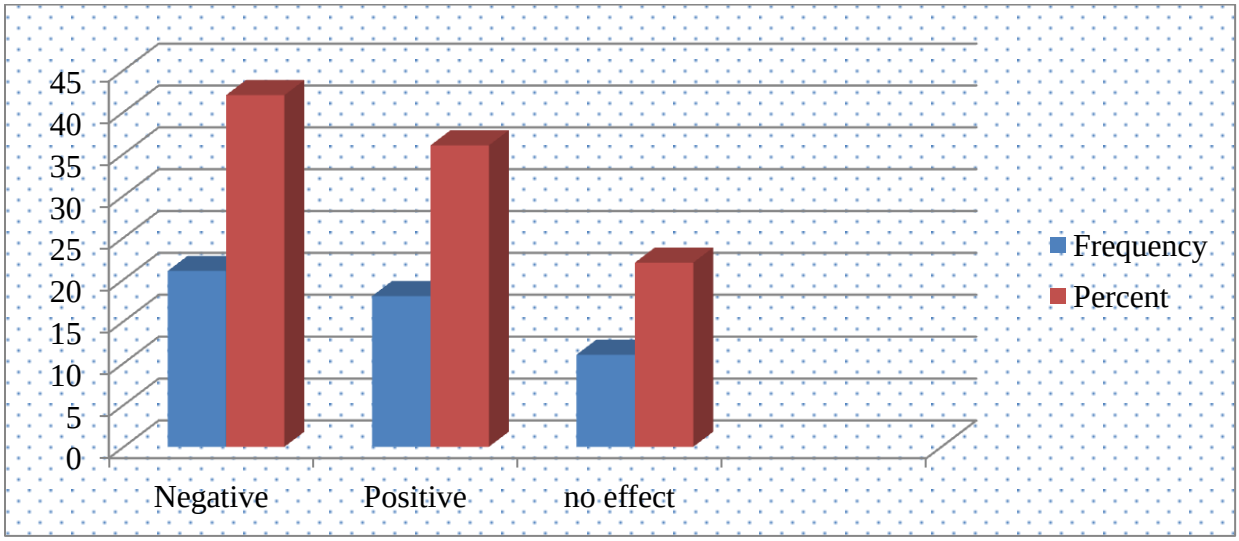
Table 4.4.6: Improving Healthcare Delivery

Variables	Frequency	Percent
Yes	50	100.0

Source: Field Survey, 2019

Table 4.4.6 presents improving healthcare delivery and from the table, all the respondent (100%) are of the view that, there has been improvement in healthcare delivery with the NHIS. This implies that, healthcare officials are committed to delivering quality to people who visit the hospitals.

Figure 4.3.3 Perception of consequences of Implementation of NHIS on Private Health Facilities



Source: Field Survey, 2019 **Perception of consequences of Implementation of NHIS on Private Health Facilities**

Figure 4.3.3 presents the consequences of NHIS implementation on private health facilities and the results show that, 42% of the respondents stated that, NHIS implementation has had negative effect on private health facilities, 36% are of the view that, NHIS implementation has had positive effect on private health facilities and 22% of the respondents are of the view that, NHIS implementation has had no effect on private health facilities. The study implies that NHIS is having more negative effect on private health facilities than government hospitals. This was attributed to excessive delay in the release of funding to private hospitals by the government, non-payments and the inadequate nature of the money. This further has negative effect on the commitment of private hospitals to NHIS holders. According Mensah et al. (2010), healthcare is

the prevention of disease, promotion of health and detecting an infection to cure to maintain healthy life. Leaders across the globe have come to understand that, the growth of every country depends on the health of its human resource. Ghana in its quest to boost the health of its members implemented the National Health Insurance (NHI) law (Act 650) (Dalinjong & Laar, 2012). The NHI made it possible for the citizens of Ghana to access free healthcare (Dalinjong & Laar, 2012). Healthcare financing in Ghana have been a major concern for most citizens in the country (Arhin–Tenkorang, 2001).

Table 4.4.7: Perception of Consequence of Implementation on Health Professional Salary

Variables	Frequency	Percent
Decrease salary	34	68.0
Increase salary	10	20.0
No effect	6	12.0
Total	**50**	**100.0**

Source: Field Survey, 2019

Table 4.4.7 presents the consequences of NHIS on the salary of health professionals. The study show that, 68% of the health professionals have experienced decreased salaries, 20% of the respondents experienced increased salaries and 12% experience no effect. This implies that, unlike the "cash and carry" system some years ago, the NHIS has been subsidize and maintains a fixed rate of cost for certain illnesses and the undue delays in the release of funds to hospitals for their services is affecting the salaries of health workers.

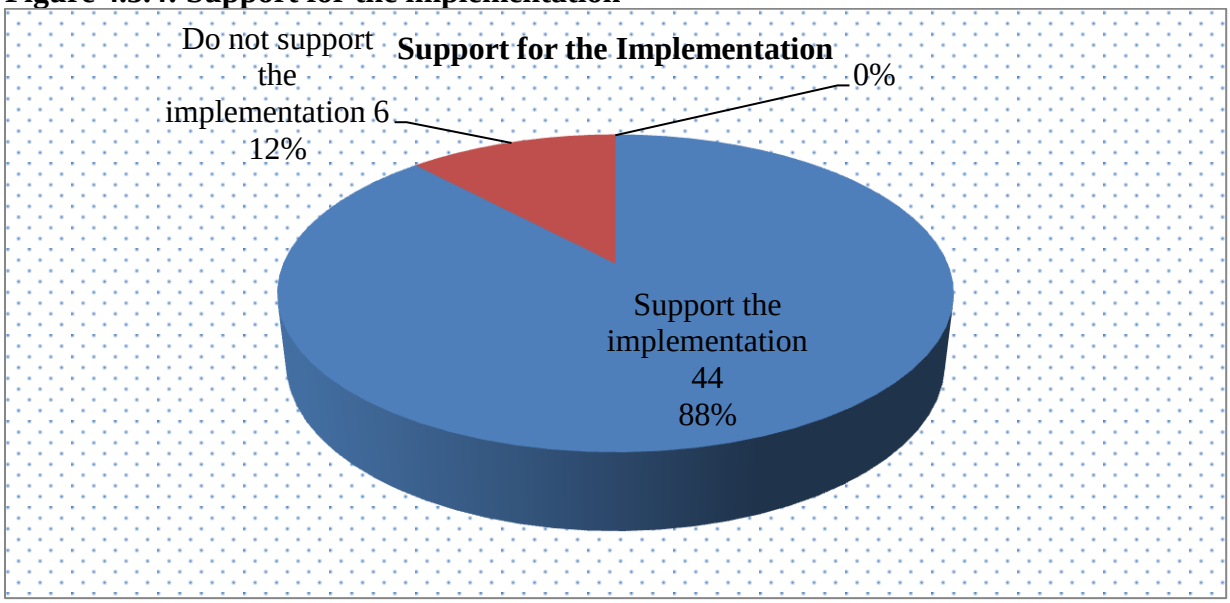
Table 4.4.8: Willingness to Participate in the NHIS

Variables	Frequency	Percent
Yes	32	64.0
No	18	36.0
Total	**50**	**100.0**

Source: Field Survey, 2019

Table 4.4.8 presents willingness to participate in the NHIS and from the table, 64% of the respondents were willing to participate in the NHIS and 36% of the respondents were not willing to participate in the NHIS. Although private hospitals and health workers have suffered due to the inconsistencies in the release of funds to private hospitals, most are still willing to participate in the NHIS initiative but when measures are not taken to address this, most private hospitals may soon stop accepting the NHIS. Dzikunu and Thorup (2005) explained that, since the future cannot be determined, people register with insurance so that should misfortune happen in the future the scheme would be available to take all expenses that may result from health treatment at the hospital.

Figure 4.3.4: Support for the implementation



Source: Field Survey, 2019 **Support for the implementation**

Figure 4.3.4 presents support for the implementation of the NHIS and the results indicated that, 88% of the respondents support the implementation of the NHIS and 12% of the respondents do not support the implementation of NHIS. The study implies that, the 12% private hospitals who

do not support the NHIS may be due to the challenges that are surrounding the NHIS initiative. Sabi (2005) added that Anyone who holds the insurance card is assured of medical care whether it be preventive or curative. The health insurance is capable of servicing expenses that may be higher than the patients' effort and therefore most people buy the health insurance scheme to protect themselves against possible financial loss in the future.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter summarizes the major findings of the study, make conclusions and recommend on the major issues. This means that the section has been grouped under three main headings; the summary of findings, conclusions and recommendation.

5.1 Summary of Findings

5.1.1 *Subscribers Perspective*

Generally, the study found that, the NHIS was effective. All the respondents have heard of NHIS. Most of the respondents heard about NHIS on the radio and television, followed by family and friends, some heard of the NHIS during seminars and meetings and others through the Internet and newspaper. The study found that, most respondents were willing to participate in the NHIS and all the respondents are of the view that, there was enough support for the implementation of NHIS.

The study discovered that, respondents were able to access health facilities anytime the use NHIS cards. All the respondents have visited health facilities over the last 6 months with the NHIS. However, the study revealed that respondents were less satisfied with the availability of health personnel, quality of basic amenities, the attitude of health personnel show that, regarding the attitude of NHIS staffs, availability of drug, easy access to health care, waiting time at facility showed that and symptom improvement after a week. Further more, the study discovered that respondents pay the NHIS premium by themselves, for some people, relatives pay the

premium, NGOs, Churches and organizations and some pay the NHIS premium through SSNIT contributions.

The study uncovered that, long distance was a challenge, high cost of transportation was a challenge, and the poor attitude of officials and long queue was a challenge during registering with the scheme. Similarly, the challenges faced in using the NHIS card at the health facility included rejection of card, unavailability of card, poor attitude of health officials and long queues.

5.1.2 NHIS Officials Perspective

The study found that, majority of subscribers renews their NHIS membership regularly. Respondents acknowledged that ensuring universal coverage for all subscribers come with some challenges. The study identified the challenges facing NHIS operation in hospital to be the ignorance by most customers, poor regulatory systems, low commitment, lack of adequate finances and low community acceptance.

However, the following measured were found to help improve the implementation of the NHIS service, increasing per capital rate could ensure smooth implementation of NHIS, extending the ICT platform to all accredited providers would help ensure the effectiveness of the NHIS, assigning a contract to all primary providers with the NHIA and capitation enrollment would also help ensure effectiveness of the NHIS.

5.1.3 Private Hospitals Perspective

All private hospitals were aware of NHIS. Most of the hospitals heard about NHIS on the radio and television, followed by family and friends, some heard of the NHIS during seminars and meetings and others through the Internet and newspaper. All the hospitals were further aware of the NHIS green paper. The hospitals are of the view that, the NHIS was good. The private hospitals revealed that, taxes are used to fund the NHIS, followed by employers, joint partnership and employees.

The study uncovered that; all the respondents at Suntreso Hospital were ready to implement the NHIS while stating that there were enough infrastructures and health facilities. Respondents at the Suntreso Hospital indicated that, there is increased availability of staffs. Respondent at the Suntreso Hospital are of the view that, there has been improvement in healthcare delivery with the NHIS. The study further found that, the NHIS implementation has had negative effect on private health facilities while health professionals have experienced decreased salaries. However, the hospitals were willing to participate in the NHIS and they support the implementation of the NHIS.

5.2 Conclusions

This study was conducted to assess the effect of the implementation of NHIS at Suntreso Government Hospital in the Kumasi metropolis. Generally, the study found that, the NHIS was effective. All the respondents have heard of NHIS. Most of the respondents heard about NHIS on the radio and television, followed by family and friends, some heard of the NHIS during seminars and meetings and others through the Internet and newspaper. The study found that,

most respondents were willing to participate in the NHIS and all the respondents are of the view that, there was enough support for the implementation of NHIS. The study discovered that, respondents were able to access health facilities anytime the use NHIS cards. All the respondents have visited health facilities over the last 6 months with the NHIS. However, the study revealed that respondents were less satisfied with the availability of health personnel, quality of basic amenities, the attitude of health personnel show that, regarding the attitude of NHIS staffs, availability of drug, easy access to health care, waiting time at facility showed that and symptom improvement after a week. Furthermore, the study discovered that respondents pay the NHIS premium by themselves, for some people, relatives pay the premium, NGOs, Churches and organizations and some pay the NHIS premium through SSNIT contributions. The study uncovered that, long distance was a challenge, high cost of transportation was a challenge, and the poor attitude of officials and long queue was a challenge during registering with the scheme. Similarly, the challenges faced in using the NHIS card at the health facility included rejection of card, unavailability of card, poor attitude of health officials and long queues. The study found that, majority of subscribers renews their NHIS membership regularly. Respondents acknowledged that ensuring universal coverage for all subscribers come with some challenges. The study identified the challenges facing NHIS operation in hospital to be the ignorance by most customers, poor regulatory systems, low commitment, lack of adequate finances and low community acceptance.

5.3 Recommendations

The study recommended that, government in consolation with the health ministry must put measures into place to ensure that payment system within the healthcare sector is made flexible

and transparent to maintain accountability and quality healthcare provisions. The government can adopt electronic systems within the healthcare sector to control all payments made within the institution and also appoint qualified and competent personnels to manage and control the system to ensure consistency. This will help create flexibility in the payment system within healthcare centres thus enhancing healthcare services and preventing direct payment of money through the NHIS institution. The manager who shall be in charge of the electronic system would be responsible for ensuring that financial resources within the institution are well managed and directed to the appropriate departments in the healthcare facilities to boost NHIS implementation.

Also, study recommends that, the health ministry must recruit professional accountants and financial experts to undertake appraisals on the NHIS to manage the cash flows (both payments and receipts) in the NHIS financial documents to ensure consistency and accuracy. There should also be effective monitoring systems within NHIS program so that managers of the system can be accountable and transparent in discharging their duties and obligations. Moreover, employees must be trained properly concerning cash balances and book keeping to maintain efficiency and effectiveness. In addition, managers must make sure that desirable budget is prepared to prevent fraudulent activities such as manipulation of financial figures to achieve NHIS goals and objectives as well as enhancing value for money.

Study though have discovered that, healthcare facilities have an audit committee that make auditing on the performance of NHIS programs including auditing such as tracking cash flows against bank deposits and the bank statement, crosschecking payments of claims against service providers, staff payrolls, checking all payments and among others. But study further recommends that there should be an establishment of a counter auditing committee that would

help the existing auditing committee to make effective checks on all activities relating to the NHIS scheme to increase its effectiveness and growth.

Study furthermore suggested that there should be further searches on how NHIS can be enhanced taking into consideration experts in the field. By conducting the research, investigators can discover issues like pricing, health specific inclusions, premiums and others delicate answers to help decision makers especially the healthcare ministry and policy makers to make an informed decision about how the NHIS can be promoted to increase its participation by subscribers and also its contribution to the healthcare services. Nonetheless, experts in academia can also examine the structure of the NHIS to identify possible ways or means through which the NHIS can be implemented to suit the conditions and resources available in Ghana.

REFERENCES

Abekah-Nkrumah, G. Dinklo, T. and Abor, J. (2009). Financing the health sector in Ghana: A review of the budgetary process. *European Journal of Economics, Finance and Administrative Sciences,* Issue 17, 45-59

Agyepong, I.A, Bruce, E. S., & Narh-Bana, S. (2006). *Making Health Insurance Equitable and Pro-Poor Financing Mechanism in Ghana: Some Reflections.* Ghana: Medical Education Resources Africa (MERA).

Agyepong, A. I. and Agyei, S. (2008). Public social policy development and implementation: a case study of the Ghana national health insurance scheme. *Health Policy and Planning*, Volume 23, Issue 2, Pages 150–160,

Anyiman, C. (1989). 'The Social Coast of the MF's Adjustment progress for Poverty. The Cases of Health Care in Ghana". *International Journal of Health Services.*

Arhinful, D. K. (2003). The solidarity of self-interest: social and cultural feasibility of rural health insurance in Ghana, University of Amsterdam doctoral thesis

Arhin–Tenkorang, (2001). Health insurance for the informal sector in Africa: Design features, risk protection, and resource mobilization.

Barros R. (2009). "Wealthier but not much Healthier: Effects of a Health Insurance Program for the Poor in Mexico", PhD Dissertation Stanford University.

Chaudhury A. and Roy K (2008). "Changes in out-of-pocket payments for healthcare in Vietnam and its impact on equity in payments, 1992–2002", *Health Policy,* 88, 38-48.

Chetty R. and Looney A. (2006). "Consumption smoothing and the welfare consequences of social insurance in developing economies". *Journal of Public Economics,* 90, 2351-2356.

Currie, J. and Madrian, B. (2005). Health, Health Insurance and the Labor Market‖, Handbook of Labor Economics, Volume 3, Chapter 50.Edited by O. Ashenfelter and D. Card.

Dixon, J, Tenkorang, E.Y. and Luginaah, I. (2011) Ghana's national health insurance scheme: helping the poor or leaving them behind? Environment and Planning C: Government and Policy, 29(6):1102–1115.

Corporate Affairs Directorate, 2018

Dalinjong, A. P. and Laar, S. A. (2012). The national health insurance scheme: perceptions and experiences of health care providers and clients in two districts of Ghana. *Health Economics Review,* 2:13

De-Graft Johnson K. and Awusaba K. (1993). UNFP Amidterm Health.

Dzikunu, H. and Thorup, H. (2005). Health Insurance Policy Development in Denmark 1860 to 1974. Its relevance to Emerging Health Insurance Movement in Ghana. DANIDA health sector support office, Accra (www.opi.org.uk/pdf/Dzikunu%20Denmark-Ghana%202003.pdf).

Gertler, P. and Gruber, J. (2002). Insuring Consumption Against Illness‖. *American Economic Review*, 92, 51-76.

Glied, A. S. (2008). Mandates and the affordability of health care. *The National Bureau of Economic Research*,

Goldman, D., Joyce, G. and Zheng, Y. (2007). Prescription Drug Cost Sharing: Association With Medication and Medical Utilization and Spending and Health‖, JAMA, 298, 61-69.

Government of Ghana, National Health Insurance Act 2003.Act 650. Accra, Ghana, NHIA, 2004, NHIS Policy Framework for Ghana

Griffin, C. (1992). Health Care in Asia: a Comparative Study of Cost and Financing. World Bank Regional and Sectoral Studies, Washington, D.C.

Hutchful, E. (2002). Ghana's Adjustment Experience: the Paradox of Reform, UK: UNrisd.

Kirigia, M. Nganda, M. B. Mwikisa, N. C. and Cardoso, B. (2011). Effects of global financial crisis on funding for health development in nineteen countries of the WHO African Region. *BMC International Health and Human Rights*, 11:4.

Koch, s and O. Alaba. (2010). 'On health insurance and household decision: a treatment effect analysis, 'Socio science & Medicine.

Konadu –Agyemang, K. (2000). 'The Best of Times and Uneven development in Africa: The cause Of Ghana's 'Professional Geographer. Kori, 2004

Mensah, H. J. Oppong, J. and Schmidt, M. C. (2010). Ghana's national health insurance scheme in the context of the health MDGS – An empirical evaluation using propensity score matching. *Health Economics*, 19, 95-106

Miller, G., Pinto, D. and Vera-Hernandez, M. (2009), High-Powered Incentives in Developing Country Health Insurance, NBER Working Paper 15456.

National Health Insurance Authority. (2010). NHIA Annual Report 2009, Accra: NHIA.

Oppong, J. R. (2001). Structural adjustment and the health care system in Kwadwo Konadu-Agyeman (ed.), *IMF and World Bank Sponsored Structural Adjustment Programs in Africa: Ghana's Experience, 1983-1999.* Aldershot: Ashgate, 357-70

Sabi, W. (2005). *Ghana National Health Insurance Scheme.* Unpublished MA Thesis, Department of Public Health, University of Cape Town, South Africa.

Stokes, J. Noren, J. and Shindell, S. (1982). Definition of terms and concepts applicable to clinical preventive medicine. *Journal of Community Health,* Volume 8, Issue 1, pp. 33-41

Sulzbach S, Garshong B, Owusu-Banahene G. (2005). Evaluating the Effects of the National Health Insurance Act in Ghana: Baseline Report. Bethesda, MD: The Partners for Health Reformplus Project, Abt Associates Inc;

Twumasi, P.A. (1975). Social Research in Rural Communities the problems of field works in Ghana, Accra. Ghana University press.

Vingilis & Sarkella, (1997). Determinants and indicators of health and well-being: Tools for education society. *Social Indicators Research,* Volume 40, Issue 1-2, pp 159-178

Waddington, C. J. Enyimayew, K. A. (1990). A price to pay: the impact of user charges in the Volta Region of Ghana. *International Journal of Health Planning and Management,* vol. 5 pg. 287-312

Wagstaff A. (2009). "Social Health Insurance Reexamined", Health Economics, Published online in Wiley InterScience. DOI: 10.1002/hec.1492

Weitzu and Fuert (1979)

Witter S. and Garshong B. (2009). "Something old or something new? Social health insurance in Ghana". *BMC International Health and Human Rights,* 9:20. Online at http://www.biomedcentral.com/1472-698X/9/20

Xu K., Evans D., Kawabata K., Zeramdini R., Klavus J. and Murray C. (2003). "Household catastrophic health expenditure: a multicountry analysis". *Lancet,* 362, 111-117.

APPENDIX

QUESTIONNAIRE FOR OUT PATIENT DEPARTMENT (OPD) OF SUNTRESO GOVERNMNET HOSPIATL

This study is being conducted by student of Christian Service University College in partial fulfilment for obtaining a Master of Science Degree in Monitoring and Evaluation. This research seeks to ascertain the overall perceptions of staff and patients on the effects of the implementation of NHIS Health service delivery at Suntreso Government Hospital in Kumasi Metropolis. This questionnaire is for academic purposes only and any information gathered will remain confidential. Where alternatives have been provided in this questionnaire, please tick the appropriate response. For any other question write your answer in the space provided.

Section A. DEMOGRAPHIC DATA

1. Indicate your Age group:

a. Below 18 years
b. Young (18-30 years
c. Early adulthood (30 – 45 year)
d. Middle age 45 – 60 year
e. Old age (60-75 year)

2. Indicate your Gender:

a. Male
b. Female

3. Marital status

a. Married
b. Single
c. Widowed
d. Divorced

4. How many children/dependents do you have? ……..……

5. Place of residence.

a. Village
b. Town
c. Other (specify): ……

6. Employment status.

a. Self-employed
b. Salaried worker
c. Student
d. Unemployed
e. Other (specify): …….

7. What is your general impression of the NHIS?

a. Very effective
b. Effective
c. Somehow effective
d. Not effective

Section B: Awareness of NHIS

8. Awareness of NHIS

a. Heard of NHIS
b. Not heard NHIS

9. Source of information

a. Newspaper
b. Radio/Television
c. Seminars/meetings
d. Friends and family members
e. Internet

10. Willingness to participate

a. Yes
b. No

11. Support for the implementation

a. Support the implementation
b. Do not support the implementation

Section C. Service Benefits and Challenges

12. Can you access health facility anytime you want when using the NHIS card?

a. Yes
b. No

13. If NO, why? (i) …….

14. Have you visited a health facility for the past 6 months using the NHIS card?

a. Yes
b. No

15. How do you rate your satisfaction with the following services?

Please tick [√] only one under the given options

Variables	**Less Satisfied**	**Satisfied**
Availability of health personnel		
Quality of basic amenities		
Attitude of health personnel		
Attitude of NHIS staff		
Availability of drugs		
Easy access to health care		
Waiting time at facility		
Symptom improvement after a week		

16. For how many years now? (Specify)…….……

17. How do you pay for your premium?

a. SSNIT contribution
b. Self
c. Relative
d. NGO/Church/Organization
e. Other (specify) ……..…

18. Did you have easy access to the NHIS office during registration

a. Yes

b. No

19. Which of these challenges did you face in registering with the scheme? Tick all that apply

Variables	**Tick below**
Long distance	
High cost of transportation	
Absence or poor attitude of officials	
Long queues	
Others Please specify----------	

20. Which of these challenges do you face in using your card in a health facility?

Use the scale 1 (Not very good) to 5 (Very good). Tick appropriately in each case

Variables	**1**	**2**	**3**	**4**	**5**
Rejection of card					
Unavailability of drugs					
Poor attitude of health officials					
Long queues					
Others Please specify----------					

SURVEY QUESTIONNAIRE FOR NHIS OFFICIALS (STAFF)

This study is being conducted by student of Christian Service University College in partial fulfilment for obtaining a Master of Science Degree in Monitoring and Evaluation. This research seeks to ascertain the overall perceptions of staff and patients on the effects of the implementation of NHIS at Suntreso Government Hospital in Kumasi metropolis. This questionnaire is for academic purposes only and any information gathered will remain confidential. Where alternatives have been provided in this questionnaire, please tick the appropriate response. For any other question write your answer in the space provided.

A. Background Information

1. Gender

a. Male
b. Female

2. What is your age group?

a) 18-29
b) 30-39
c) 40-49
d) 50-59
e) 60

3. What is your level of education?

a. No formal education
b. Diploma
c. Bachelor degree
d. Masters or above
e. Others**,** Please specify……

4. What is your current position in the NHIS**?**

a. Senior Staff
b. Administrative
c. Sales and Marketing
d. Others, Please specify……

5. How long have you been working in this position?

a. Less than one year
b. 1-5 years

c. 5-10years
d. More than 10 years \

6. How long has your organization clinic or hospital been in business?

a. Less than one year
b. 1-5 years
c. 5-10years
d. More than 10 years

7. What can NHIS, service providers and policy makers do to achieve total coverage?

(i) ……..……..……..…….…….
(ii) **.....**
(iii) ……..……..……..…….....
(iv) ……..……..……..…….....

B. Perceptions of Staff on the Effects of the Implementation of NHIS

8. Do subscribers renew their membership regularly and timely?

a. Yes
b. No

9. What are some of the challenges in ensuring universal coverage for all subscribers?

a. Yes
b. No

10. What are the major challenges facing NHIS **operation in this hospital? Tick as may apply**

a) Poor regulatory systems impinge on NHIS usage
b) Lack of adequate finance
c) Financial mismanagement
d) Low commitment
e) Socio-cultural/human dimensions
f) Low community acceptance
g) Ignorance by most customers is a challenge
h) NHIS deny service providers of tips from customers
i) NHIS is characterized by poor service delivery
j) There always long queues at the NHIS service point

11. How will you grade the coordination between the scheme and your partners e.g. pharmacies and hospitals hospital?

a) Excellent [ ]
b) Good [ ]
c) Poor [ ]

12. Propose Measures For Smooth Implementation Of NHIS

Please use the scale below to indicate your level of agreement or disagreement with the following statements. (5) Strongly agree (4) agree (3) neutral (2) disagree (1) strongly disagree

1) Increase per capital rate (1) (2) (3) (4) (5)

2) Extend the ICT platform to all accredited provided. This will help to Come for the undue delays and irregularities in the capitation enrollment list (1) (2) (3) (4) (5)

3) All primary providers should sign a contract with the NHIA and should be guided by rules and regulations any defaulting provider should be sanctioned in accordance with the law. (1) (2) (3) (4) (5)

4) The capitation enrollment i.e. PPP should be lied to fresh registration and renewals i.e. at a point of renewing client should be lied to a facility. This will help to do away with the undue frustration clients go through when they have to wait till their list of names appear on a particular facility (1) (2) (3) (4) (5)

SURVEY QUESTIONNAIRE FOR PRIVATE HOSPITALS

This study is being conducted by student of Christian Service University College in partial fulfilment for obtaining a Master of Science Degree in Monitoring and Evaluation. This research seeks to ascertain the overall perceptions of staff and patients on the effects of the implementation of NHIS at Suntreso Government Hospital in Kumasi metropolis. This questionnaire is for academic purposes only and any information gathered will remain confidential. Where alternatives have been provided in this questionnaire, please tick the appropriate response. For any other question write your answer in the space provided.

Section A: Background Information

21. Gender

a. Male
b. Female

22. Age

a. 20-30
b. 31-40
c. 41-50
d. 51-60

23. Category of health profession

a. Doctor
b. Nurses
c. Clinical Associate
d. Radiographer
e. Pharmacist

24. Year of experience

a. Less than 1 year
b. 1 – 5 years
c. 6 – 10 years
d. More than 10 years

Section A: Awareness of NHIS

25. Awareness of NHIS

c. Heard of NHIS

d. Not heard NHIS

26. Source of information

f. Newspaper
g. Radio/Television
h. Seminars/meetings
i. Friends and family members
j. Internet

Section C: Health care professions knowledge of various aspects of NHIS

27. Existence of the NHIS Green paper

a. Aware
b. Not aware

28. Objectives of NHIS

a. Good
b. Poor

29. Funding

a. Taxation
b. Employee
c. Employer
d. Joint

30. Readiness of Suntreso Hospital for the implementation of NHIS

a. Healthcare professionals
b. Adequate
c. Not adequate

31. Infrastructures and health facilities

a. Adequate
b. Not adequate

32. Health professionals' availability Frequency Percentage (%)

a. Increase availability of staff
b. Decrease availability of staff

33. Improving healthcare delivery

a. Yes
b. No

34. Perception of the consequence of implementation of NHIS on the private health facilities

a. Bankruptcy

b. Yes
c. No

35. Perception of the consequence of implementation on health professionals' salary

a. Decrease salary
b. Increase salary
c. No effect

36. Willingness to participate

c. Yes
d. No

37. Support for the implementation

c. Support the implementation
d. Do not support the implementation